



Centers for Medicare & Medicaid Services
CMS Target Life Cycle (TLC)

Maryland Primary Care Program (MDPCP)

Provider Request for Application (RFA) Portal User Manual

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1 Introduction

This user manual provides step-by-step instructions for using the Maryland Primary Care Program (MDPCP) Provider Portal. The MDPCP Provider Portal allows applicants to complete an application online to participate in the program.

2 Overview

MDPCP is a collaborative initiative between the state of Maryland and the Centers for Medicare & Medicaid Services (CMS). Care Transformation Organizations (CTOs) are a new concept unique to the MDPCP. CTOs can draw resources from or be created by existing organizations such as Accountable Care Organizations (ACOs), Clinically Integrated Networks (CINs), health plans, etc. Participating practices can select from among the approved CTOs or opt to function without the support of a CTO. We assume that participating practices will select CTOs that best meet their needs for support. For more information regarding the program, please visit <https://innovation.cms.gov/initiatives/Maryland-All-Payer-Model/>.

2.1 Conventions

- We indicate fields, buttons, and links for users to act on in **bold** text.
- We call out specific objects in screenshots with red outlines and arrows and provide alternative text. See Section 2.2.4 508 Disclaimer for accessibility guidelines.
- We created screenshots in Internet Explorer (IE) 11. Depending on the browser you use, your screens may vary from the examples in this manual.

2.2 Cautions & Warnings

2.2.1 Application Access Time-Out

For security reasons, you are automatically logged out of the platform if there is no application activity for more than 30 minutes. Application activity includes selecting any menu item, performing record searches, navigating through the record set, etc.

There is no auto save function. Save your updates before navigating away from the browser window.

2.2.2 Information Systems

The Information Systems warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this government system, which includes

1. This computer network,
2. All computers connected to this network, and
3. All devices and storage media attached to this network or to a computer on this network.

This system is provided for government-authorized use only.

Unauthorized or improper use of this system is prohibited and may result in disciplinary action and/or civil and criminal penalties.

Personal use of social media and networking sites on this system is limited as to not interfere with official work duties and is subject to monitoring.

By using this system, you understand and consent to the following:

- The Government may monitor, record, and audit your system usage, including usage of personal devices and email systems for official duties or to conduct U.S. Department of Health and Human Services (HHS) business. Therefore, you have no reasonable

expectation of privacy regarding any communication or data transiting or stored on this system. At any time, and for any lawful government purpose, the government may monitor, intercept, and search and seize any communication or data transiting or stored on this system.

- Any communication or data transmitted or stored on this system may be disclosed or used for any lawful government purpose.

2.2.3 Consent to Monitoring

By logging onto this website, you consent to be monitored. Unauthorized attempts to upload information and/or change information on this web site are strictly prohibited and are subject to prosecution under the Computer Fraud and Abuse Act of 1986 and Title 18 U.S.C. Sec.1001 and 1030. We encourage you to read the [HHS Rules of Behavior](#) on the HHS website for more details.

2.2.4 508 Disclaimer

This web application and information contained therein may not adhere to Section 508 Compliance standards and guidelines for accessibility by persons who are visually impaired. If you use assistive technologies to navigate and access information, please contact the Center for Medicare & Medicaid Innovation (CMMI) Salesforce Help Desk at 1-888-734-6433, Option 5, or email CMMIForceSupport@cms.hhs.gov.

2.2.5 Technical Issues

Please contact the CMMI Salesforce Help Desk at 1-888-734-6433, Option 5, or email CMMIForceSupport@cms.hhs.gov. If you are using Microsoft® IE, please make sure the browser you are using is IE version 11 or higher, before attempting to navigate through this site. Salesforce does not support prior versions of IE.

3 Getting Started

This section contains information on set up, user access, and system navigation.

3.1 Set-up Considerations

Browser Guidelines: Salesforce is supported by:

- Microsoft® IE version 11. Prior versions are not supported.
- Apple® Safari® versions 5.x, 6.x, and 7.x on Mac OS X.
- The most recent stable versions of Mozilla® Firefox® and Google Chrome™.

Pop-up Blocker: Allow pop-up windows within your browser's settings.

3.2 Accessing the System

This section provides information on:

- New User Registration (No CMS Identity Management [IDM] Account)
- New User Registration (With CMS IDM Account)
- Existing User Verification (No CMS IDM Account)
- Existing User Verification (With CMS IDM Account)
- Resetting your IDM password
- Changing your password
- Unlocking your IDM account
- Multi-Factor Authentication (MFA)
- Logging in to the MDPCP Provider Application

1. Navigate to <https://app1.innovation.cms.gov/mdprov>.
2. The MDPCP Provider Model Application Login page displays.

CMS.gov
Centers for Medicare & Medicaid Services

Maryland Primary Care Program Practice
Application Login

CMS IDM Username
kennytest

CMS IDM Password
.....

☒ Remember me

Log In

OR

New User Registration

Existing User Verification

[Need help signing in?](#)

HELP DESK

Technical Issues
Please contact CMMIForceSupport@cms.hhs.gov or call 1-888-734-6433, option 5.

Figure 1: MDPCP Provider Model Application Login Page

3.2.1 New User Registration (No CMS IDM Account)

1. Select **New User Registration**. The Existing CMS Identity Management (IDM) Account Verification page displays.

CMS.gov

Existing CMS Identity Management (IDM) Account Verification

* Do you have an existing CMS Identity Management (IDM) account?

☐ Yes

☒ No

Cancel Next >>

Help Links

If you already have access to: <https://portal.cms.gov/> (ex. OCM data registry) or <https://hhs.QUALITYMentors.gov/qual/qual> (ex. QPP), please use these credentials to access your account.

Figure 2: Existing CMS Identity Management (IDM) Account Verification

2. As a new user attempting to access the MDPCP Provider Portal, select **No**, and then select the **Next >>** button to continue. The IDM Registration page displays.


IDM Registration

* Create New Username for CMS-IDM ⓘ

* Legal First Name

* Legal Last Name

* Email Address

☐ I'm not a robot  reCAPTCHA Privacy - Terms

<< Back Return to Login Next >>

Username Requirements

- Username must be between 6 and 70 characters
- Username must start and end with an alphanumeric character (e.g. 0-9, A-Z, a-z)
- Username must contain at least one letter (e.g. A-Z, a-z)
- Username must not contain 9 consecutive numbers (e.g. "Password123456789" is NOT allowed)
- Username must not contain consecutive special characters (e.g. "P@-word" is NOT allowed)
- Username only supports the following special characters: @_.

Figure 3: IDM Registration Page

3. Enter all required field(s) and select **Next>>**.

The success message displays for registering for CMS IDM. You will need to verify your identity through Remote Identify Proofing (RIDP). This one-time process takes 5 to 10 minutes. It requires your address, date of birth, and Social Security Number (SSN). Select the following link to learn more about RIDP: <https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/HETSHelp/Downloads/HETSHPRIDPMFAQ.pdf>.

CMS.gov

Thank you for registering with CMS Identity Management (IDM), your account has been created successfully.

Before accessing the requested Portal, you will need to verify your identity through Remote Identify Proofing (RIDP). This one-time process takes 5 to 10 minutes and requires your address, Date of Birth and Social Security Number. [Learn more about RIDP](#)

Return to Login Continue to Verify Identity RIDP Complete - ONLY FOR DEMO

Figure 4: Successful Registration Page

4. After successful registration with CMS IDM, select **Continue to Verify Identity** to authenticate your identity. Please note that RIDP authentication is a two-step process.

Remote Identify Proofing (RIDP) [Tips for Success](#)

Step 1 out of 2


* Legal First Name

Middle Name

* Legal Last Name

Email

* Date of Birth




* Street Address Line 1

Street Address Line 2

* City

* State



* Zip Code

Zip Code Extn

* Phone (XXXXXXXXXX)

* Social Security Number (XXXXXXXXXX)

<< Back

[Return to Login](#)

Next >>

Figure 5: Remote Identity Proofing (RIDP) Page, Step 1 of 2

5. Enter all required information. Please note that the RIDP is the process of validating sufficient information that uniquely identifies you (e.g., credit history, personal demographic information, and other indicators). You will be asked to provide a set of core credentials including:
 - a. Full legal name
 - b. SSN (may be optional)
 - c. Date of birth
 - d. Current residential address
 - e. Personal telephone number

CMS.gov

Remote Identity Proofing (RIDP)
Step 2 out of 2

00:05:31

*You may have opened a mortgage loan in or around February 2016. Please select the lender to whom you currently make your mortgage payments. If you do not have a mortgage, select "NONE OF THE ABOVE/DOES NOT APPLY".

- ☐ LOAN AMERICA
- ☒ CIBC FIRST COMMONWEALTH
- ☐ CROSSLAND MORTGAGE
- ☐ ROCK FINANCIAL CORP
- ☐ NONE OF THE ABOVE/DOES NOT APPLY

*You may have opened an auto loan in or around September 2017. Please select the lender for this account. If you do not have such an auto loan, select "NONE OF THE ABOVE/DOES NOT APPLY".

- ☐ WESTAR FINANCIAL
- ☐ SEAFIRST BANK
- ☒ FIRST COMMONWEALTH BANK
- ☐ US BANK
- ☐ NONE OF THE ABOVE/DOES NOT APPLY

*Please select the term of your auto loan (in months) from the following choices. If your auto loan or auto lease term is not one of the choices please select "NONE OF THE ABOVE".

- ☐ 24
- ☐ 36
- ☒ 48
- ☐ 60
- ☐ NONE OF THE ABOVE/DOES NOT APPLY

*You may have opened a (BANK OF AMERICA) credit card. Please select the year in which your account was opened.

- ☐ 2011
- ☐ 2013
- ☐ 2015
- ☐ 2017
- ☒ NONE OF THE ABOVE/DOES NOT APPLY

*Which of the following institutions do you have a bank account with? If there is not a matched bank name, please select "NONE OF THE ABOVE".

- ☐ FIRST NATIONAL TRUST SAVINGS
- ☐ CHARTER OAKS FCU
- ☐ NEWPORT FCU
- ☐ TEXAS BANK
- ☒ NONE OF THE ABOVE/DOES NOT APPLY

[← Back to Step 1](#) [Submit Answers](#)

Please DO NOT refresh the browser while the verification process.

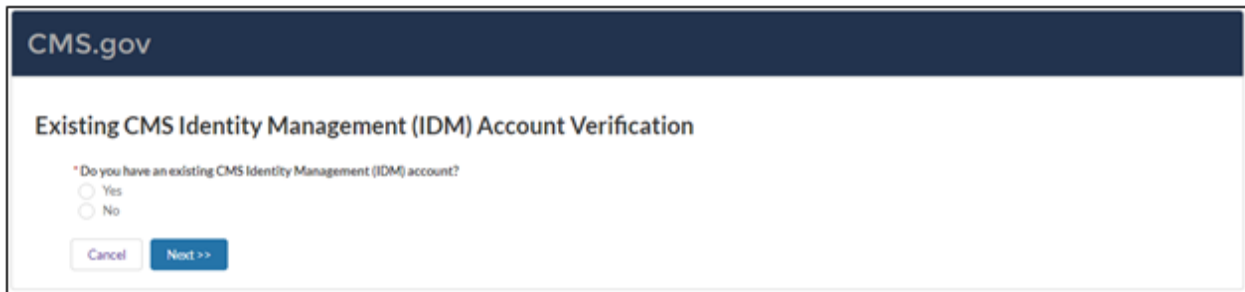
Figure 6: Remote Identity Proofing (RIDP) Page, Step 2 of 2

6. After successful RIDP authentication, you will receive the following two emails:
 - i. Activate CMS IDM Account email
 - ii. Welcome Model Community email
7. After you activate your account according to the instructions in the Activate CMS IDM Account email, the application will prompt you to create a password.

3.2.2 New User Registration (With CMS IDM Account)

When you already have a CMS IDM Account and do not have access to the MDPCP Provider Portal, follow these steps to gain access:

1. Select **New User Registration** from the MDPCP Provider Portal Login page. The Existing CMS Identity Management (IDM) Account Verification page displays.

The screenshot shows the CMS.gov logo at the top. Below it, the title "Existing CMS Identity Management (IDM) Account Verification" is displayed. A question asks, "Do you have an existing CMS Identity Management (IDM) account?" with radio button options for "Yes" and "No". At the bottom, there are two buttons: "Cancel" and "Next >>".

CMS.gov

Existing CMS Identity Management (IDM) Account Verification

* Do you have an existing CMS Identity Management (IDM) account?

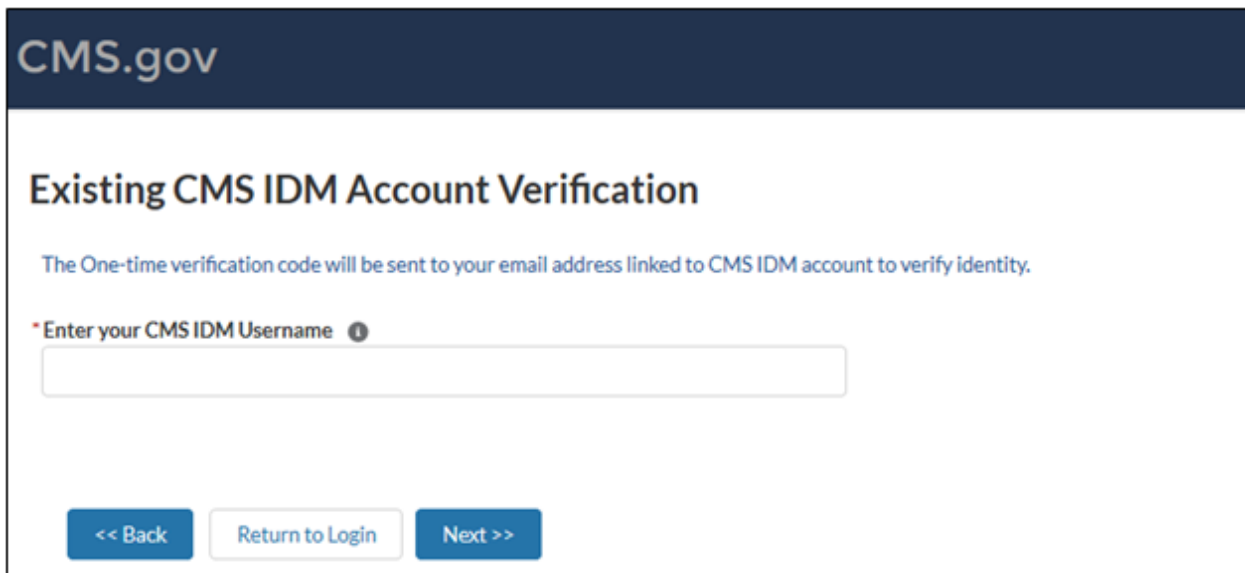
☐ Yes

☐ No

[Cancel](#) [Next >>](#)

Figure 7: Existing CMS Identity Management (IDM) Account Verification Page

2. Select **Yes**, and then select **Next >>** to continue. The Existing CMS IDM Account Verification page displays.

The screenshot shows the CMS.gov logo at the top. Below it, the title "Existing CMS IDM Account Verification" is displayed. A message states, "The One-time verification code will be sent to your email address linked to CMS IDM account to verify identity." Below this is a text input field with the label "* Enter your CMS IDM Username" and an information icon. At the bottom, there are three buttons: "<< Back", "Return to Login", and "Next >>".

CMS.gov

Existing CMS IDM Account Verification

The One-time verification code will be sent to your email address linked to CMS IDM account to verify identity.

* Enter your CMS IDM Username ⓘ

[<< Back](#) [Return to Login](#) [Next >>](#)

Figure 8: Existing CMS IDM Account Verification Page

3. Enter your **CMS IDM Username** and select **Next >>**.
4. The application prompts you to enter a one-time verification code. The verification code will automatically be sent to the email linked to your CMS IDM account.

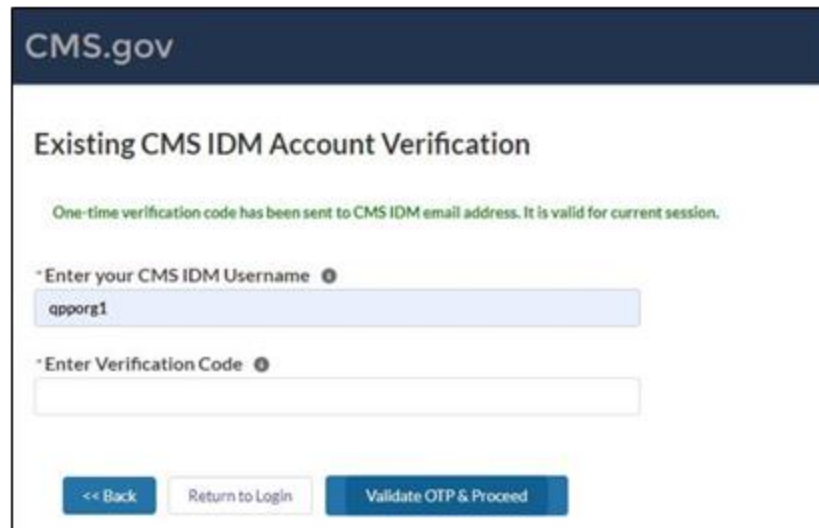


Figure 9: Verification Code

5. Enter the Verification Code provided in your email and select **Validate OTP & Proceed**.
6. The Salesforce System will add the MDPCP Provider Model Application Portal permissions to your account. Now you can log in using your CMS IDM credentials. You will receive a welcome email from the MDPCP Provider Model Application Portal.

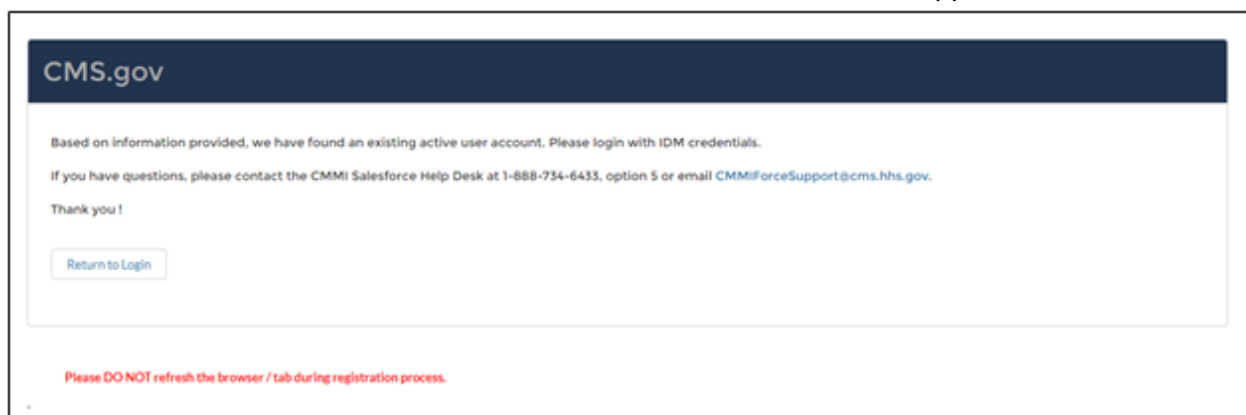


Figure 10: Successful Verification of your CMS IDM Account

7. You can now return to the login page and use your CMS IDM credentials to access the MDPCP Provider Model Application Portal.

3.2.3 Existing User Registration (No CMS IDM Account)

If you are an existing MDPCP Provider Model Application Portal user and do not have a CMS IDM account, please follow these steps to log in to the MDPCP Provider Model Application Portal:

1. Select **Existing User Verification** from the MDPCP Provider Model Application Portal Login page.
2. Select **No** on the Existing CMS Identity Management (IDM) Account Verification page. The Existing CMS IDM Account Verification page displays.

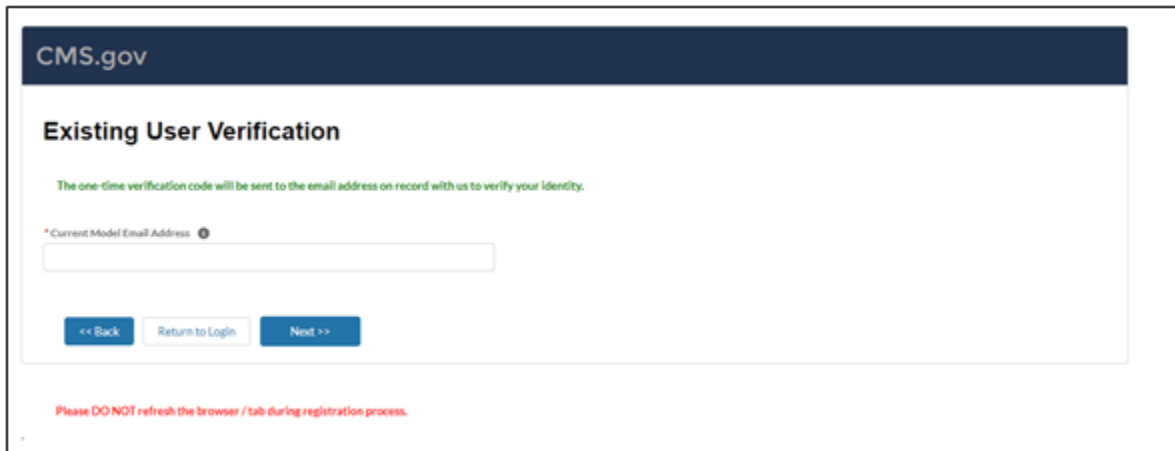


Figure 11: Existing CMS IDM Account Verification

3. Enter the email address you currently have associated with the MDPCP Provider Model Application. Select **Next >>**.
4. The application prompts you to enter a one-time verification code. Please note that the verification code will be sent to the email address you provided.
5. The successful registration to CMS IDM page displays. You will receive the following two emails:
 - i. CMS IDM Account Activation email
 - ii. Welcome to the Maryland Primary Care Program Practice (MDPCP Provider) Model Community email

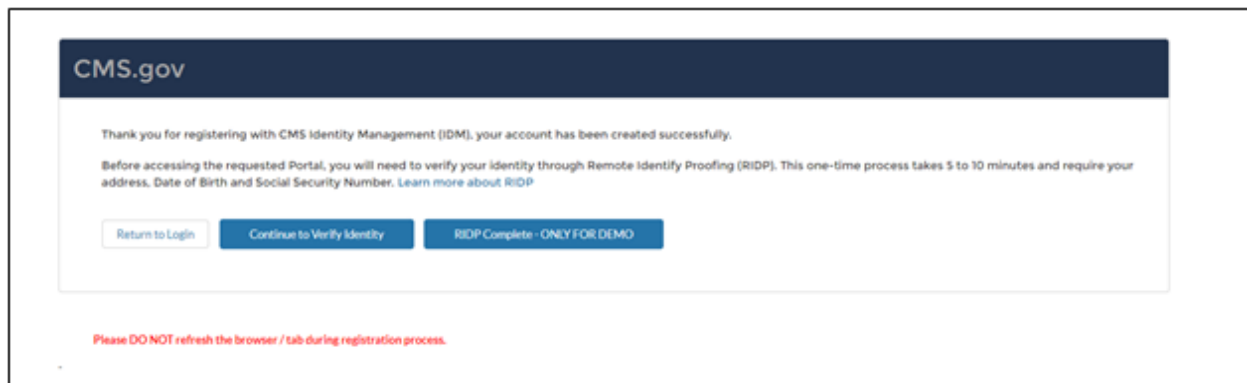


Figure 12: Successful CMS IDM Registration Page

6. After activating your CMS IDM account according to the instructions in the CMS IDM Account Activation email, you are required to authenticate through RIDP. Select **Continue to Verify Identity** and follow RIDP verification.
7. After successfully authenticating through RIDP, the application prompts you to create a password.

You can now log in to the MDPCP Provider Model Application Portal.

3.2.4 Existing User Registration (With CMS IDM Account)

When you have a CMS IDM account and have permission to use the MDPCP Provider Model Application Portal, please follow these steps to authenticate your identity for the first time:

1. Select **Existing User Verification** from the MDPCP Provider Model Application Login page.
2. Select **Yes** on the Existing CMS Identity Management (IDM) Account Verification page. The Existing CMS IDM Account Verification page displays.
3. Enter your current CMS IDM account and your current model email address, then select **Next >>**.
4. You will be prompted to enter a one-time verification code.
Note: When you have different email addresses linked to CMS IDM and the MDPCP Provider Model Application Portal, the application will prompt you to provide two verification codes.
5. After verification, you will be prompted to return to the Login page. You can now log in to the MDPCP Provider Model Application Portal.

3.2.5 Resetting Your password

If you forget your password, you can reset it by selecting the **Need help signing in?** link.

1. Select the **Forgot password?** link.
2. The Reset Password page displays.

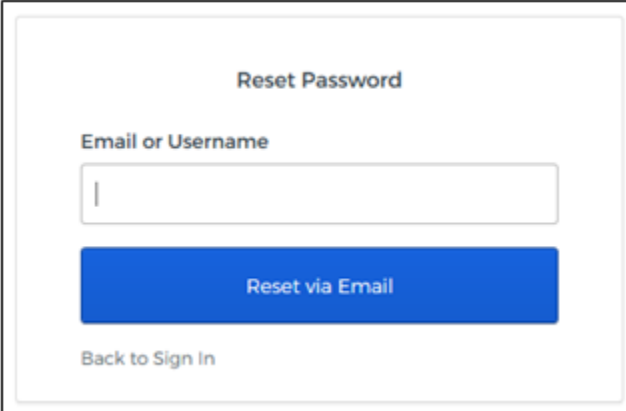


Figure 13: Reset Password Page

3. Enter the email or username linked to your profile.
4. You will receive an email to reset your password. Follow the steps provided in the email to finish resetting your password.

3.2.6 Changing Your Password

If you want to change your password, select the **Change Password** link provided on the MDPCP Provider Model Application Portal pages.

1. Select **Change Password**.

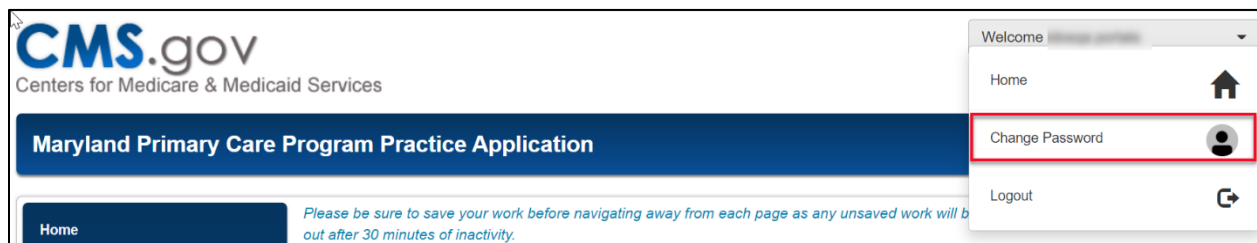


Figure 14: Change Password Link on Portal

1. The CMS IDM – Change Password page displays. Enter your old IDM password, new IDM password, and confirm your new IDM password.

 A screenshot of the 'CMS IDM - Change Password' page. The page has a title 'CMS IDM - Change Password'. Below the title are three password input fields, each with a red asterisk and a label: '* Enter your Old IDM password', '* Enter your New IDM password', and '* Confirm your New IDM password'. At the bottom of the form are two buttons: a blue button with a left arrow and the text 'Back to previous page', and a grey button with the text 'Submit'.

Figure 15: CMS IDM – Change Password Page

2. Select **Submit**.

You can now log in using your new password.

3.2.7 Unlocking Your CMS IDM account

When you have made two or more invalid attempts to log in to the MDPCP Provider Model Application Portal, your account will be temporarily locked. You can unlock your account by selecting the **Need help signing in?** link.

1. Select **Need help signing in?** and then select the **Unlock account?** link. The Unlock account page displays.

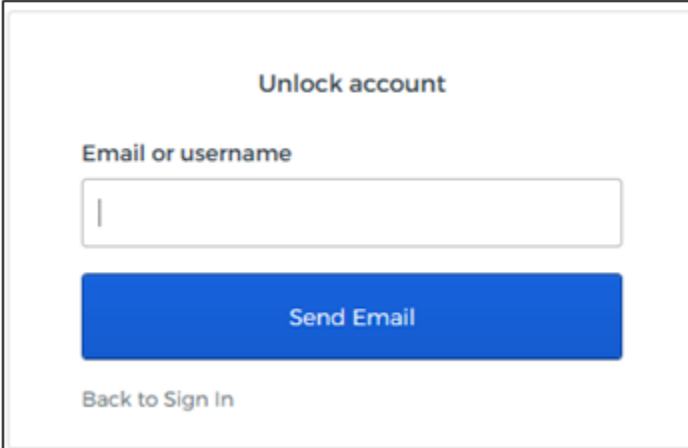


Figure 16: CMS IDM – Unlock Account Page

2. Enter your Email or username and select **Send Email**.
3. Follow the instructions in the email you receive to finish unlocking your account.

3.2.8 Multi-Factor Authentication (MFA)

After successfully logging in to CMS IDM, you are navigated to the IDM Landing page. You can set up MFA to send verification code(s) based on your selections.

1. Scroll down to the Multi-Factor Authentication section on your Profile to view the available options.

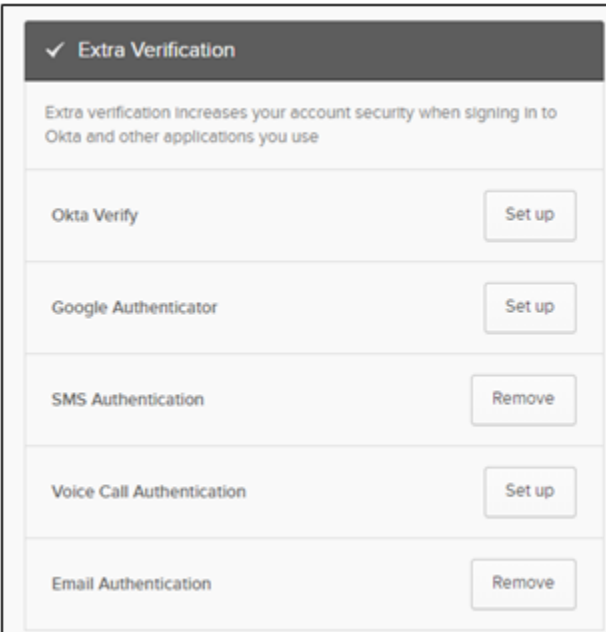


Figure 17: MFA Set Up

2. Choose your desired MFA Factor(s) and select **Set up**.

3.2.9 Logging In to the MDPCP Provider Model Application Portal

After successful registration, you are ready to log in to the Portal.

1. Access the MDPCP Provider Model Application Login page.

CMS.gov
Centers for Medicare & Medicaid Services

Maryland Primary Care Program Practice
Application Login

CMS IDM Username
kennytest

CMS IDM Password

☒ Remember me

Log In

OR

New User Registration

Existing User Verification

[Need help signing in?](#)

HELP DESK

Technical Issues
Please contact CMMLIForceSupport@cms.hhs.gov or call 1-888-734-6433, option 5.

Figure 18: MDPCP Provider Model Application Login Page

2. Enter your CMS IDM Username.
3. Enter your CMS IDM Password.
4. Select **Log In**. The Email Authentication page displays.



Figure 19: Email Authentication Page

5. Select **Send email**. You will receive an email to the email account you used when you registered for access to the Portal.
6. Retrieve the email and enter the one-time verification code.
7. Select **Verify**.

You will be logged in to the Portal.

3.3 System Organization and Navigation

Each portal page displays the following objects:

- A. The vertical navigation bar: select each tab to navigate to other Portal pages
- B. A Welcome <username> drop-down menu
- C. The unique application number, which is auto-generated when an application is started
- D. Save, Save & Continue, and Cancel buttons display at the bottom of the page

CMS.gov
Centers for Medicare & Medicaid Services

Welcome [User Name]

Maryland Primary Care Program Practice Application MDCPC-1089

Please be sure to save your work before navigating away from each page as any unsaved work will be lost. Additionally, the application times-out after 30 minutes of inactivity.

Preliminary Questions * Indicates a required field.

* 1. As of January 1, 2023, will your practice be a:

* a. Concierge practice?

* b. Rural Health Clinic?

* c. Critical Access Hospital (CAH)?

* d. Medicaid approved Health Home provider? <https://mmcp.health.maryland.gov/Pages/Health-Homes.aspx>

* 2. To the best of your knowledge, has your practice or anyone employed in your practice had a final adverse legal action (as defined on page 12 of the Medicare Enrollment Application for Physicians and Non-Physician Practitioners, CMS-855i) or been the subject of an investigation by, prosecution by, or settlement with the Health and Human Services Office of the Inspector General, U.S. Department of Justice, or any other Federal or State enforcement agency in the last five years relating to allegations of failure to comply with applicable Medicare or Medicaid billing rules, the Anti-Kickback Statute, the physician self-referral prohibition, or any other applicable fraud and abuse laws? Failure to disclose this information could be grounds for application denial or immediate termination from the initiative.

* 3. Will your practice be using 2015 (or later) certified EHR technology (CEHRT) by January 1, 2023?

Save Save & Continue Cancel

Figure 20: System Navigation

Table 1: System Organization & Navigation – Vertical Tabs

Tabs	Function
Home	Navigates to the Home page to access an existing application or Start a New MDCPC Application
Preliminary Questions	Navigates to the Preliminary Questions page to provide background information about the Organization.
General Questions	Navigates to the General Questions page to provide information about the Organization.
Practice Structure and Ownership	Navigates to the Practice Structure and Ownership page to provide information about the Organization structure and ownership of the practice.
Contacts	Navigates to the Contacts page to enter Applicant, Practice, and Health IT contact information.
Clinician and Staff Information	Navigates to the Clinician and Staff Information page to enter information about the clinicians in the practice.
Practice Activities	Navigates to the Practice Activities page to enter information about the activities that occur at the practice.

Tabs	Function
Health Information Technology	Navigates to the Health Information Technology page to provide vendor information.
Care Delivery	Navigates to the Care Delivery page to provide information about care delivery at the practice.
Care Transformation Organization	Navigates to the Care Transformation Organization page to provide information on the CTO the practice intends to partner with, if any.
Letters of Support	Navigates to the Letters of Support page to upload supporting documentation.
Certify & Submit	Navigates to the Certify & Submit page to certify and submit the application to participate in the MDPCP.

Table 2: System Organization & Navigation – Action Buttons

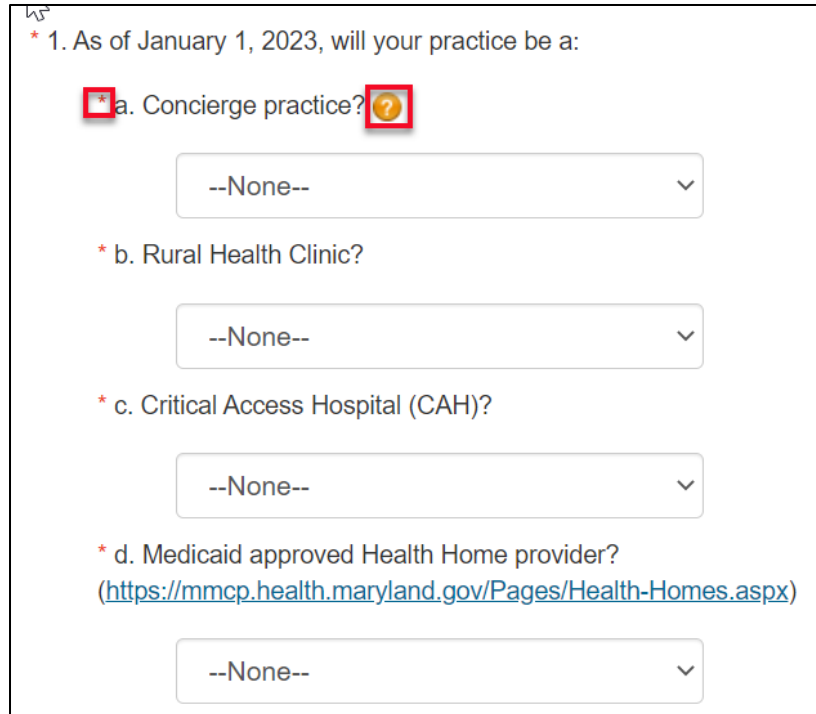
Action	Function
Save	Saves the current state of the fields within the application and refreshes the current page.
Save & Continue	Saves the current state of the fields within the application and navigates to the next page.
Cancel	Removes all input information since last saved.
Continue	Navigates to the next page.

3.4 User Access Considerations


This section is not applicable for this model.

3.5 User Interface

- A red asterisk (*) indicates a field is required.
- The help bubble icon reveals additional information when you hover over it.



* 1. As of January 1, 2023, will your practice be a:

* a. Concierge practice? 

--None--

* b. Rural Health Clinic?

--None--

* c. Critical Access Hospital (CAH)?

--None--

* d. Medicaid approved Health Home provider?
<https://mmcp.health.maryland.gov/Pages/Health-Homes.aspx>

--None--

Figure 21: Help Bubble and Asterisk

3.5.1 Welcome Menu

The Welcome <username> drop-down menu displays on every page and includes links to navigate to:

- Home page
- Change Password link
- Logout link

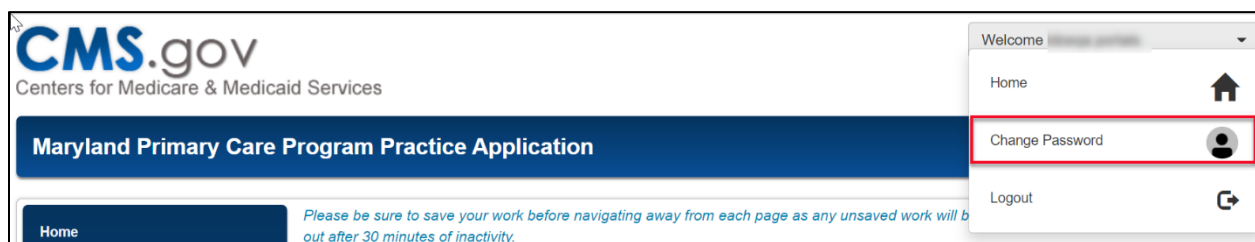


Figure 22: Welcome Bar Drop-Down Menu

3.6 Exiting the System

1. To log out of the portal, hover over **Welcome <user name>** in the upper-right corner of the screen. A drop-down menu displays.
2. Select **Logout**.

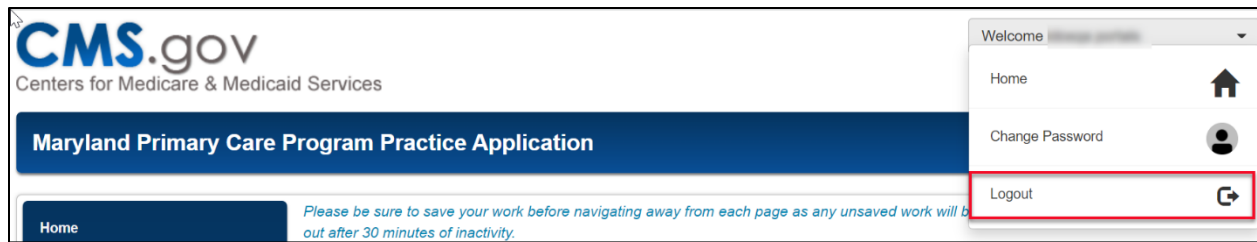


Figure 23: Logout Link

4 Using the System

The following sub-sections provide step-by-step instructions on how to use the MDPCP Portal's functions.

All answers are required. If you do not answer any question, an error message displays when you select **Save** or **Save & Continue** at the bottom of any page.

4.1 Home Page

The Home page contains information about the MDPCP Practice application.

In addition, the Home page displays:

- A. A table of application details
- B. The Start New MDPCP Application button
- C. Your last login date and time
- D. Helpful links

Welcome to the Maryland Primary Care Program Practice Application!

The Maryland Primary Care Program (MDPCP) is accepting applications from individual primary care practice sites geographically located in the State. For purposes of the MDPCP, a practice is either a Federally Qualified Healthcare Center (FQHC) or a group of one or more physicians, non-physician practitioners, or combination thereof that bills certain primary care services under a single Medicare-enrolled TIN at a single practice site location. A practice owned by an individual(s) other than the practitioners who practice at the practice, or by a separate entity or healthcare organization must complete its own application, but the owner of the practice must sign the MDPCP Practice Participation Agreement with CMS.

Practices interested in applying to MDPCP should review the [Request for Application \(RFA\)](#) to learn about the design and specific requirements of the program, and to determine which program track best suits the applying practice. To be eligible to participate in the MDPCP, a practice must submit a letter executed by both the practice and a CRISP representative certifying the applicant's connectivity to CRISP and/or the commitment to achieving connectivity and use of CRISP services by the beginning of the MDPCP performance year.

Track 1 of MDPCP targets practices poised to deliver the five primary care functions, detailed in Care Delivery Design Section of the MDPCP RFA. Track 2 of MDPCP targets practices proficient in comprehensive primary care that are prepared to increase the depth, breadth, and scope of health care delivered to their patients, particularly those with complex needs. In addition, Track 2 practices must also be able to receive partial capitation payments, and they are required to use advanced primary care CRISP services like Encounter Notification Service (ENS) and Care Alerts. practices must be able to deliver Track 1 and 2 services, while taking on more practice-level accountability for attributed MDPCP beneficiaries' costs and quality of care, and shifting further away from the FFS payment structure by introducing a flat visit fee (FVF) for select primary care services paid at the time of service and a population based payment (PBP) that is paid prospectively on a quarterly basis.

Practices applying to MDPCP must answer all application questions. CMS will consider the applicant practice's Track preference but will assign practices to Track 1, 2 or 3 based on responses to this application. Please refer to the RFA for information about the track transition requirements timeline, as well as requirements and payment details specific to each track. CMS reserves the right to seek additional information from MDPCP applicants after the application period closes.

Questions about the MDPCP Application should be directed to MarylandModel@cms.hhs.gov. CMS may publicly share questions or responses, compile them into a Frequently Asked Questions compendium to ensure that all interested practices and Care Transformation Organizations (CTOs) have access to information regarding MDPCP.

CMS will safeguard the information provided in accordance with the Privacy Act of 1974, as amended (5 U.S.C. § 552a). For more information, please see the CMS Privacy Policy at https://www.cms.gov/AboutWebsite/02_Privacy-Policy.asp.

Helpful Links

- [Glossary](#)
- [CTO Comparison Tool](#)
- [User Manual](#)

Last Login: 01/13/2022 11:10 AM ET

Start New MDPCP Application

Application Summary	Application Year	Application Status
MDPCP-1089	2023	In Progress

Figure 24: Home Page

Table 3 describes each helpful link on the Home page.

Table 3: Home Page Helpful Links

Helpful Link	Function
Glossary	Navigates to a new tab and displays the MDPCP Provider glossary.
CTO Comparison Tool	Navigates to the Maryland Department of Health website.
User Manual	Navigates to a new tab and displays the Provider user manual.

Table 4 describes the column headings in the new application table on the Home page.

Table 4: Home Page Table Values

Table Header	Value
Application Summary	An auto-generated application number.
Application Year	The year the application was created. Application Year displays after an application is started.
Application Status	The status of the application. For a full list of statuses, refer to Table 5.

Table 5 describes the application status visible on the Home page.

Table 5: Application Status

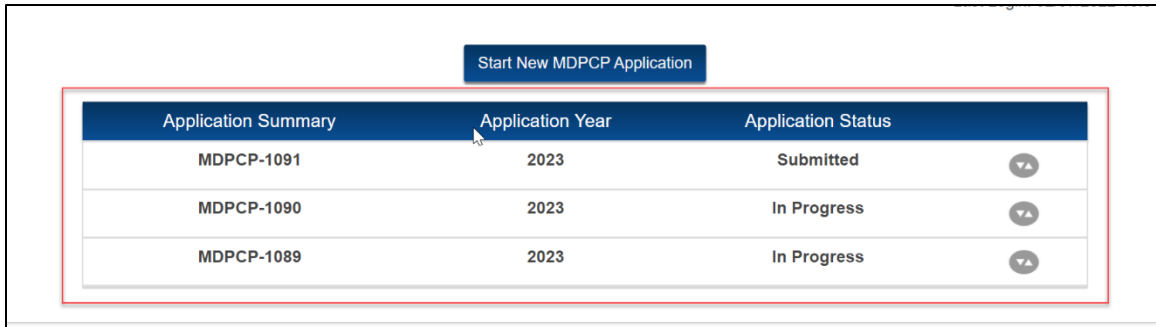
Status	Description
In Progress	An application was started but not completed.
Submitted	An application was completed and submitted.
Under Review	CMS is reviewing an application.
Incomplete	An application was not completed before the submission deadline.

4.1.1 Start a New Application

You can submit multiple applications. Once you start an application, it will appear in the table under the “Start New MDPCP Application” button as in Figure 25 with the appropriate status.

To start a new application:

1. Select **Start New MDPCP Application**.



The screenshot shows a blue button labeled 'Start New MDPCP Application' at the top. Below it is a table with three columns: 'Application Summary', 'Application Year', and 'Application Status'. The table contains three rows of data, each with a dropdown arrow on the right.

Application Summary	Application Year	Application Status
MDPCP-1091	2023	Submitted
MDPCP-1090	2023	In Progress
MDPCP-1089	2023	In Progress

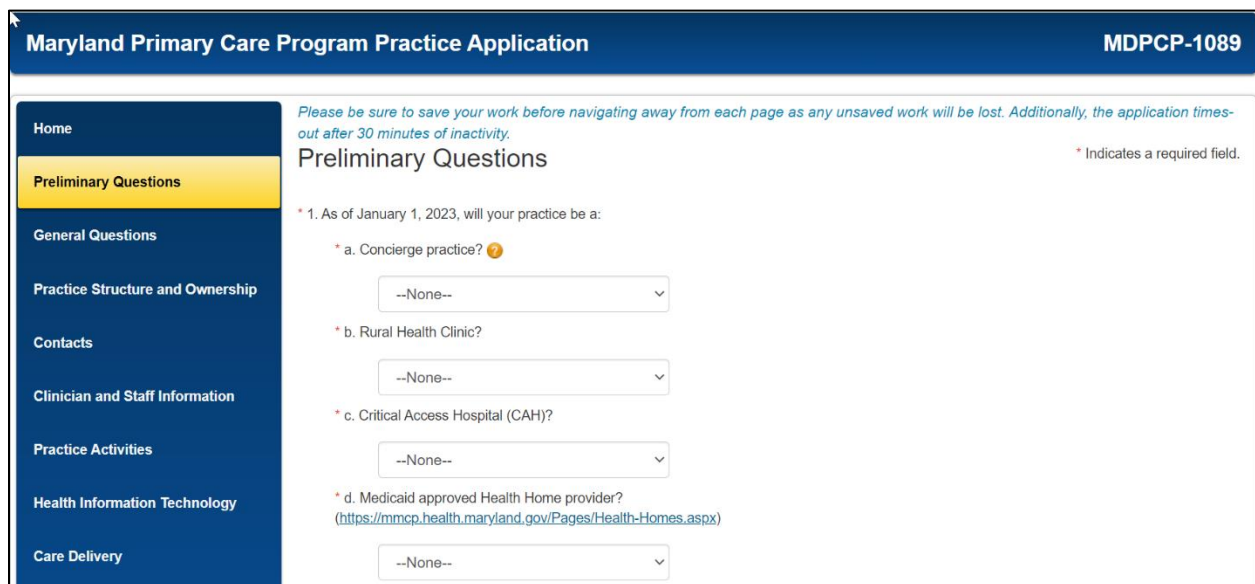
Figure 25: Start New MDPCP Application Button

- The Preliminary Questions page displays.

4.2 Preliminary Questions

The Preliminary Questions page determines whether the organization meets the eligibility criteria to participate in MDPCP.

- For Questions 1a through d, select an option from the drop-down menu.



The screenshot shows the 'Preliminary Questions' page for application MDPCP-1089. The page has a blue header with the title 'Maryland Primary Care Program Practice Application' and the application ID 'MDPCP-1089'. A sidebar on the left contains a menu with options: Home, Preliminary Questions (highlighted), General Questions, Practice Structure and Ownership, Contacts, Clinician and Staff Information, Practice Activities, Health Information Technology, and Care Delivery. The main content area has a warning message: 'Please be sure to save your work before navigating away from each page as any unsaved work will be lost. Additionally, the application times-out after 30 minutes of inactivity.' Below this is the title 'Preliminary Questions' and a note '* Indicates a required field.' The first question is '* 1. As of January 1, 2023, will your practice be a:'. It has four sub-questions, each with a dropdown menu set to '--None--':

- * a. Concierge practice? (with a warning icon)
- * b. Rural Health Clinic?
- * c. Critical Access Hospital (CAH)?
- * d. Medicaid approved Health Home provider? (with a link to <https://mmcp.health.maryland.gov/Pages/Health-Homes.aspx>)

Figure 26: Preliminary Questions Page

For Question 1a:

- If you select **Yes**, a warning message displays.
- If you select **Continue**, the warning window closes, and you can resume the application.
- If you select **Exit Application**, the Home page displays. You still have access to the application.

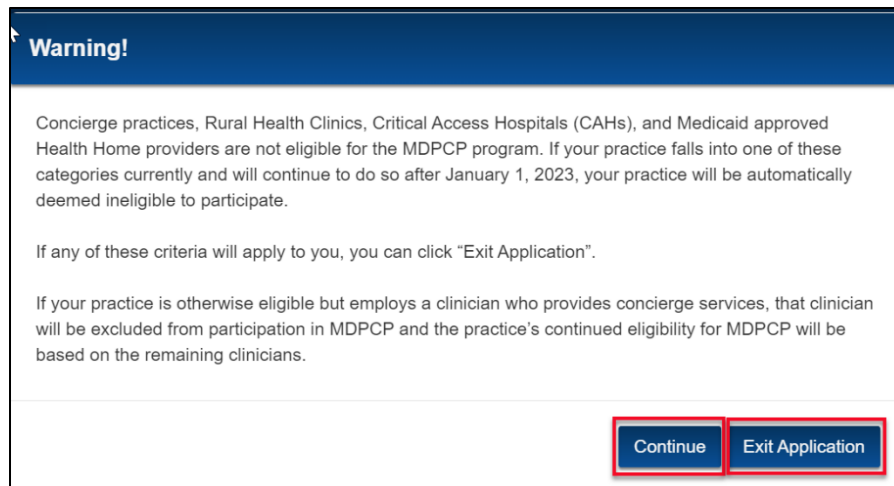


Figure 27: Warning Message for Q1a

For Questions 1b, 1c, and/or 1d, if you select **Yes**, the following warning message displays.

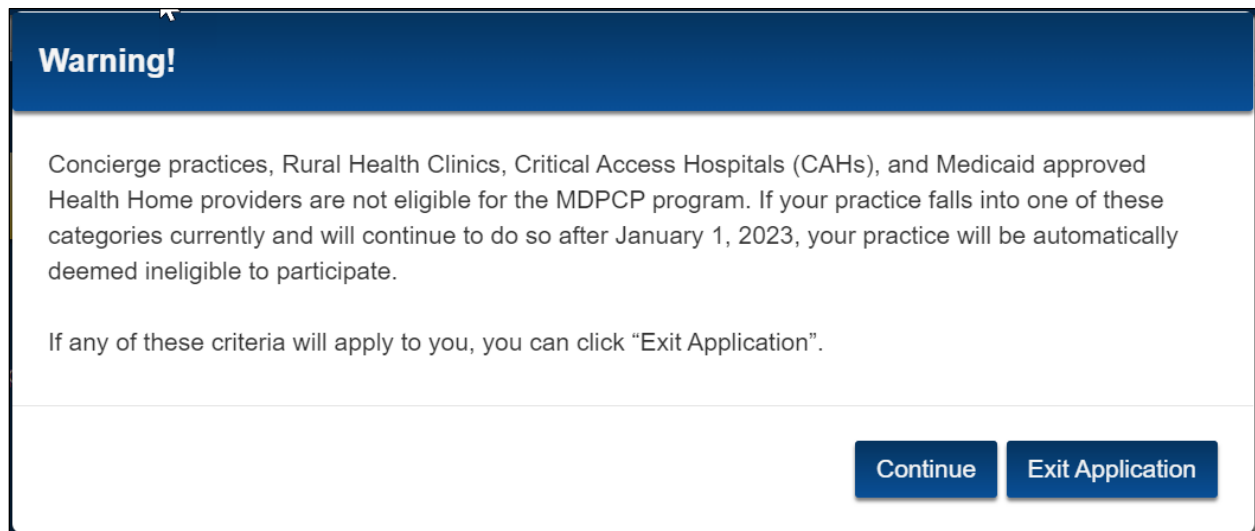


Figure 28: Warning Message for Q1b, 1c, and/or 1d

2. For Question 2, select an option from the drop-down menu.

- a. If you select **Yes**, a text field displays to enter additional information within the 2,000-character limit. You must provide this information to continue with the application.

2. To the best of your knowledge, has your practice or anyone employed in your practice had a final adverse legal action (as defined on page 12 of the Medicare Enrollment Application for Physicians and Non-Physician Practitioners, CMS-855i) or been the subject of an investigation by, prosecution by, or settlement with the Health and Human Services Office of the Inspector General, U.S. Department of Justice, or any other Federal or State enforcement agency in the last five years relating to allegations of failure to comply with applicable Medicare or Medicaid billing rules, the Anti-Kickback Statute, the physician self-referral prohibition, or any other applicable fraud and abuse laws? Failure to disclose this information could be grounds for application denial or immediate termination from the initiative.

Yes

* Please explain the legal actions, investigations, prosecutions, and/or settlements; the agency involved; and the resolution, if any.

Remaining characters: 2000 (total allowed characters: 2000)

Figure 29: Preliminary Questions Page, Q2

3. For question 3, select an option from the drop-down menu.
 - a. If you select **Yes**, a text field displays to enter additional information within the 15-character limit. You must provide this information to continue with the application.

3. Will your practice be using 2015 (or later) certified EHR technology (CEHRT) by January 1, 2023?

Yes

* Provide CMS EHR Certification ID. If you do not know what your CMS EHR Certification ID is, more information can be found [here](#). The user guide to the site can be found [here](#). Note that CMS will conduct a validation check in late summer 2022. Your application may be rejected if your CEHRT is not compliant with requirements for MDPCP.

Save Save & Continue Cancel

Figure 30: Preliminary Questions Page, Q3

4. Select **Save & Continue**. The General Questions page displays.

4.3 General Questions

The General Questions page gathers information about your practice's background.

- For Question 1, select all checkboxes that apply.

Please be sure to save your work before navigating away from each page as any unsaved work will be lost. Additionally, the application times-out after 30 minutes of inactivity.

General Questions

* Indicates a required field.

This section focuses on background information about your practice. Information in this section will be used to determine whether your practice meets the baseline eligibility criteria for participation in MDPCP. If a practice is accepted to participate in MDPCP and CMS later learns that answers to the questions in this section have changed or are no longer accurate, CMS reserves the right to terminate the practice's participation in the program immediately.

Please reference the RFA (link) for specific program requirements.

* 1. Will your practice be participating in any of the Medicare or other initiatives below as of January 1, 2023? Please select all that apply.

- ☐ Transformation Clinical Practice Initiative (TCPI) – participation in learning activities
- ☐ TCPi – participation as part of a Practice Transformation Network or Support and Alignment Network
- ☐ Accountable Health Communities
- ☐ Advance Payment ACO Model
- ☐ Million Hearts Model
- ☐ Next Generation ACO Model
- ☐ ACO Investment Model (AIM)
- ☐ Other CMS shared savings program (ex: MSSP)
- ☐ Other non-Medicare PCMH model
- ☐ None of the above

Figure 31: General Questions Page – Q1

- If you select **Next Generation ACO Model** or **ACO Investment Model (AIM)**, a Warning window displays for you to enter the Planned Withdrawal Date.
- Select a **Planned Withdrawal Date** from the pop-up calendar.
- Select the **Continue** button. The selected date displays on the General Questions page.

Warning!

You have selected a program that has a no-overlap policy with MDPCP. If you are accepted to participate in MDPCP and will, as a result, withdraw from the no-overlaps programs, please enter the planned withdrawal date for the program below:

Program: Next Generation ACO Model

Planned Withdrawal Date

January 2023

Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Continue

Figure 32: General Information Page – Q1 Warning Window

- For Questions 2a and 2b, select or enter a response for all required fields.
 - The default value for **State** is Maryland.
 - You can select multiple options in **County** field when applicable.

2a. Practice Identification:

Note: The 'Practice Site' name is your entity's legal name. If you use a different name for doing business, please enter it as your 'DBA' name.

* i. Practice Site Legal Name

* ii. Practice Site Name Doing Business As (DBA)

* iii. Street Address 1

iv. Street Address 2

* v. City

* vi. State

* vii. County

- ☐ Alleghany County
- ☐ Anne Arundel County
- ☒ Baltimore County
- ☒ Baltimore City
- ☐ Calvert County
- ☐ Caroline County
- ☐ Carroll County
- ☐ Cecil County
- ☐ Charles County
- ☐ Dorchester County
- ☐ Frederick County
- ☐ Garrett County
- ☐ Harford County
- ☐ Howard County
- ☐ Kent County
- ☐ Montgomery County
- ☐ Prince George's County
- ☐ Queen Anne's County
- ☐ Saint Mary's County
- ☐ Somerset County
- ☐ Talbot County
- ☐ Washington County
- ☐ Wicomico County
- ☐ Worcester County

* viii. Zip Code

* ix. Practice Site Phone Number

x. Practice Site Fax Number

xi. Website (if applicable)

Figure 33: General Questions page – Question 2a

- When you select **No** for 2b, you need to specify the billing address, similar to the options in 2a.

* 2b. Is the Practice billing address same as the above address?

No

* i. Organization Site Legal Name

test

* ii. Organization Site Name "doing business as" if different than the Legal Name

test

* iii. Street Address 1

test

iv. Street Address 2

* v. City

test

* vi. State

Maryland

* vii. County

☐ Alleghany County
☐ Anne Arundel County
☐ Baltimore County
☐ Baltimore City
☐ Calvert County
☐ Caroline County
☐ Carroll County
☐ Cecil County
☐ Charles County
☐ Dorchester County
☐ Frederick County
☒ Garrett County
☒ Harford County
☐ Howard County
☐ Kent County
☐ Montgomery County
☐ Prince George's County
☐ Queen Anne's County
☐ Saint Mary's County
☐ Somerset County
☐ Talbot County
☐ Washington County
☐ Wicomico County
☐ Worcester County

* viii. Zip Code

11111-1111

* ix. Organization Site Phone Number

111-111-1111

x. Organization Site Fax Number

xi. Website (if applicable)

Figure 34: General Questions Page – Question 2b

6. For Question 3, you can select the **RFA** link to access the details specific to each track before selecting one of the following Track options:

- Track 1
- Track 2
- Track 3

* 3. CMS will assign practices to Track 1, 2, or 3 based on responses to this application. CMS will consider practices' starting track preference. Please refer to the [RFA](#) for information about the track transition requirements timeline, as well as requirements and payment details specific to each track. *Note that FQHCs are eligible for Tracks 1 and 2 only at this time.*

☐ Our practice has reviewed and understands the information in the RFA regarding requirements and MDPCP payment structure differences for each MDPCP Track.

--None--
 Track 1
 Track 2
 Track 3

Figure 35: General Questions Page – Questions 3

7. Select the **Checkbox** after you have selected your track.

Note: You must check the box to continue.

* 3. CMS will assign practices to Track 1, 2, or 3 based on responses to this application. CMS will consider practices' starting track preference. Please refer to the [RFA](#) for information about the track transition requirements timeline, as well as requirements and payment details specific to each track. *Note that FQHCs are eligible for Tracks 1 and 2 only at this time.*

Track 2

☐ Our practice has reviewed and understands the information in the RFA regarding requirements and MDPCP payment structure differences for each MDPCP Track.

Figure 36: General Questions Page – Question 3 Checkbox

8. For Question 4, select the applicable response from the drop-down menu.

* 4. Describe the current legal structure of your organization.

--None--
 --None--
 For profit corporation
 Non profit 501(c)(3)

Figure 37: General Questions Page – Question 4

9. Select **Save & Continue**. The Practice Structure and Ownership page displays.

4.4 Practice Structure and Ownership

The Practice Structure and Ownership page asks for information about the organization's structure and ownership.

1. For Question 1, select an option from the drop-down menu.
 - a. If you select **Yes**, additional fields display.
 - b. If you select **No**, there are no additional fields to display.
2. Enter or select a response for all required fields.

Please be sure to save your work before navigating away from each page as any unsaved work will be lost. Additionally, the application times-out after 30 minutes of inactivity.

Practice Structure and Ownership

* Indicates a required field.

This section asks questions about the organizational structure and ownership of your practice. If you have a question about practice structure that is not addressed in the Request for Applications (RFA) or in the Application Instructions, please contact CMS at MarylandModel@cms.hhs.gov.

* 1. Is your practice owned by another health care organization, such as a group practice, hospital or health system?

Yes

* a. What is the name of the Organization?

test name

* b. Corporate Street Address 1

address

c. Corporate Street Address 2

* d. Corporate County

test

* e. Corporate State

Maryland

* f. Corporate Zip Code

11111

* g. Corporate Phone Number

111-111-1111

Figure 38: Practice Structure and Ownership Page

3. For Question 2, select an option from the drop-down menu.
4. For Question 3, enter the **Practice's Organizational NPI**. The NPI must be 10 numeric characters only and can contain leading zeros. Please note that the field clears out if the entry does not meet these requirements.
 - a. If you are NOT applying as an FQHC, this number can be either a CCN or a PTAN.
 - b. If you are applying as an FQHC, you must provide a CCN.
5. For Question 4, enter your Organization's **Medicare Provider number**.
 - a. The Medicare Provider number is alpha-numeric and allows up to 15 characters (can contain leading zeros).

Question 4 has two sub-questions:

 - 4a. Indicate if this is a CCN or PTAN.
 - 4b. Indicate if it is an FQHC. (Note that FQHCs are required to provide a CCN to participate in MDPCP).
 - b. If you select the PTAN option for Question 4a and Yes for Question 4b, you must enter a **CCN number**.

Please note the CCN number is alpha-numeric and allows up to 15 characters (can contain leading zeros)
6. Select **Add a New TIN** to list Tax Identification Numbers (TINs). The Add a New TIN window displays.

2. Does your practice use more than one billing TIN?

No

* 3. Please provide your Practice's Organizational NPI (Do not provide an NPI for an individual provider).

0012345678

* 4. Please provide your Organization's Medicare Provider number.

000056789123456

* a. Indicate if this is a CCN or PTAN.

CCN

* b. Indicate if it is an FQHC. (Note that FQHCs are required to provide a CCN in order to participate in MDPCP).

Yes

* 5. Please specify whether this is your primary billing TIN to be used for MDPCP or if it's a TIN that you have used to bill Medicare within the last 3 years (Enter only 1 primary TIN for use in MDPCP).

Add a New TIN

TIN	Primary TIN for use in MDPCP or Last 3 years	Action
003456789	Primary TIN for use in MDPCP	Edit Delete
001111111	Used within the last 3 years	Edit Delete

Showing 1 to 2 of 2 entries

Previous 1 Next

Save Save & Continue Cancel

Figure 39: Practice Structure and Ownership Page

7. Enter the **TIN**. The TIN can contain leading zeros, but it must be exactly nine numerical characters.
8. Enter the TIN in **Re-type TIN**.
 - Select an option to specify whether this is a:
 - **Primary TIN for use in MDPCP** or
 - If this is an historical TIN that you have used it in the last three years, you can select **Used within the last 3 years**
 - You must select **Primary TIN for use in MDPCP** from the drop-down for at least one TIN value to submit the application successfully.
 - You can enter multiple billing TINs used in the past three years, but you can enter only one billing TIN as a Primary TIN.

The screenshot shows the 'Add a New TIN' window. At the top is a blue header bar with the title 'Add a New TIN'. Below the header, there are two text input fields: '* TIN:' and '* Re-type TIN:'. Both fields contain the value '001234567'. Below these fields is a dropdown menu with the following options: '--None--', '--None--', 'Primary TIN for use in MDPCP', and 'Used within the last 3 years'. The first two options are highlighted in blue. At the bottom of the window are three buttons: 'Save & New', 'Save', and 'Cancel'.

Figure 40: Add a New TIN Window

9. Select an option to specify if this TIN is an **Employer Identification Number (EIN)** or **Social Security Number (SSN)**.

The screenshot shows the 'Add a New TIN' window, continuing from the previous step. The header bar and the two text input fields for '* TIN:' and '* Re-type TIN:' remain the same, both containing '001234567'. The dropdown menu now shows the following options: '--None--', '--None--', 'Employer Identification Number (EIN)', and 'Social Security Number (SSN)'. The first two options are highlighted in blue. Below the dropdown menu, there is a new instruction: '* Please specify whether this TIN is an Employer Identification Number (EIN) or Social Security Number (SSN)'. At the bottom of the window are the same three buttons: 'Save & New', 'Save', and 'Cancel'.

Figure 41: Add a New TIN window – Continued

Add a New TIN

* TIN: * Re-type TIN:

There is already one Primary TIN that exists. Only one Primary TIN is allowed.

* Please specify whether this is your primary billing TIN to be used for MDPCP or if it is a TIN that you have used to bill Medicare within the last 3 years. Primary TIN for use in MDPCD.

Primary TIN for use in MDPCP ▾

* Please specify whether this TIN is an Employer Identification Number (EIN) or Social Security Number (SSN).

Social Security Number (SSN) ▾

Save & New **Save** **Cancel**

TIN	Primary TIN for use in MDPCP or within last 3 years	Action
001234567	Used within the last 3 years	Edit Delete
003456789	Primary TIN for use in MDPCP	Edit Delete
001111111	Used within the last 3 years	Edit Delete

Figure 42: Add a New TIN window – TIN value errors

10. Select **Save** to populate the TIN in the table.
 - a. Select **Save & New** to enter multiple TINs.
 - b. Select **Cancel** to close the Add a New TIN window without saving your data.
11. Select **Save & Continue**. The TIN Verification window displays.
12. Select **Confirm All TINs are correct** to proceed.
 - a. Select **No** to verify your TIN(s) before proceeding.

TIN Verification

These are the TINs listed in your application:

TINs
444444444

Showing 1 to 1 of 1 entries Previous 1 Next

This is the TIN you have selected to use for MDPCP:

TIN selected
444444444

Are these numbers correct? Please note that if your TINs are incorrect, this could significantly delay review and processing of your application.

Figure 43: TIN Verification Window

The Contacts page displays.

4.5 Contacts

The Contacts page gathers information about the Applicant, Practice, and Designated Official contacts within your practice. You must provide all three contacts, though in some cases they may be the same person.

- The Practice Contact must work at the practice. This option is greyed out until you provide information for the Applicant Contact. If you indicate that the Practice Contact is the same as the Applicant Contact, the entries from the Applicant Contact will auto-populate in the Practice Contact.
- The Designated Official must have financial accountability for the practice or organization. This person should be authorized to validate or change the organization's banking information.

Please be sure to save your work before navigating away from each page as any unsaved work will be lost. Additionally, the application times-out after 30 minutes of inactivity.

Contacts * Indicates a required field.

This section asks for contact information for practice contacts needed for MDPCP. Please use the explanations provided to identify the most appropriate person for each contact field and enter their most current contact information.

* Applicant Contact: The applicant contact is the person who has filled out your MDPCP application and/or is very familiar with the different sections of the application and understands the answers your practice has provided. If this contact also works in your practice (and you indicate this when filling out their contact information), they will also receive your practice's acceptance/rejection letters.

Practice Contact (if applicable): If your applicant contact does not work in your practice, you will also need to fill out the "Practice Contact" field. This person must work in your practice. They will receive your practice's acceptance/rejection letters.

Designated Official: This person must have financial accountability for the practice or organization which would allow him or her to validate and/or change the banking information used to issue payments to the practice or organization.

Type	First Name	Last Name	Action
Applicant Contact			
Practice Contact			
Designated Official			

[Continue](#)

Figure 44: Contacts Page

1. Select the **Applicant Contact** link. The Applicant Contact window displays.
2. Complete the fields as requested.
 - a. If you select **No** for Question e. Does this person work in the practice site? on the Applicant Contact window, the Practice Contact link becomes active.
 - b. If you select **Yes**, the Practice Contact link remains disabled.

Applicant Contact

* a. Email Address
test@test.com

* b. First Name
test

* c. Last Name
test

* d. Title/Position
test

* e. Does this person work in the practice?
No

* f. Relationship with the practice
test

* g. Business Phone Number
999-999-9999

h. Business Phone Number Extension

i. Alternative Phone Number (e.g. cell phone)

* j. Street Address 1
test.test

k. Street Address 2

* l. City
test city

* m. State
Maryland

* n. Zip Code
09999

* o. This application requires a letter of support from a clinical leader in your practice. Please enter the name of the clinical leader that will sign this letter:
T

More information about the letter can be found on the "Letter of Support" tab.

Save Close

Figure 45: Applicant Contact Window

3. Select **Save**.
4. The Applicant Contact information displays in the Contacts table.
 - a. Select the **Applicant Contact** link to edit the contact.
 - b. Select the **Clear** link to delete the contact entered.

Contacts * Indicates a required field.

This section asks for contact information for practice contacts needed for MDPCP. Please use the explanations provided to identify the most appropriate person for each contact field and enter their most current contact information.

* **Applicant Contact:** The applicant contact is the person who has filled out your MDPCP application and/or is very familiar with the different sections of the application and understands the answers your practice has provided. If this contact also works in your practice (and you indicate this when filling out their contact information), they will also receive your practice's acceptance/rejection letters.

Practice Contact (if applicable): If your applicant contact does not work in your practice, you will also need to fill out the "Practice Contact" field. This person must work in your practice. They will receive your practice's acceptance/rejection letters.

Designated Official: This person must have financial accountability for the practice or organization which would allow him or her to validate and/or change the banking information used to issue payments to the practice or organization.

Type	First Name	Last Name	Action
Applicant Contact	test	test	Clear
Practice Contact			
Designated Official			

[Continue](#)

Figure 46: Contacts Page

5. Select the **Practice Contact** link. The Practice Contact window displays.
6. Complete the fields as requested.

Practice Contact

* a. Email Address

* b. First Name

* c. Last Name

* d. Title/Position

* e. Business Phone Number

f. Business Phone Number Extension

g. Alternative Phone Number (e.g. cell phone)

* h. Street Address 1

i. Street Address 2

* j. City

* k. State

* l. Zip Code

[Save](#) [Close](#)

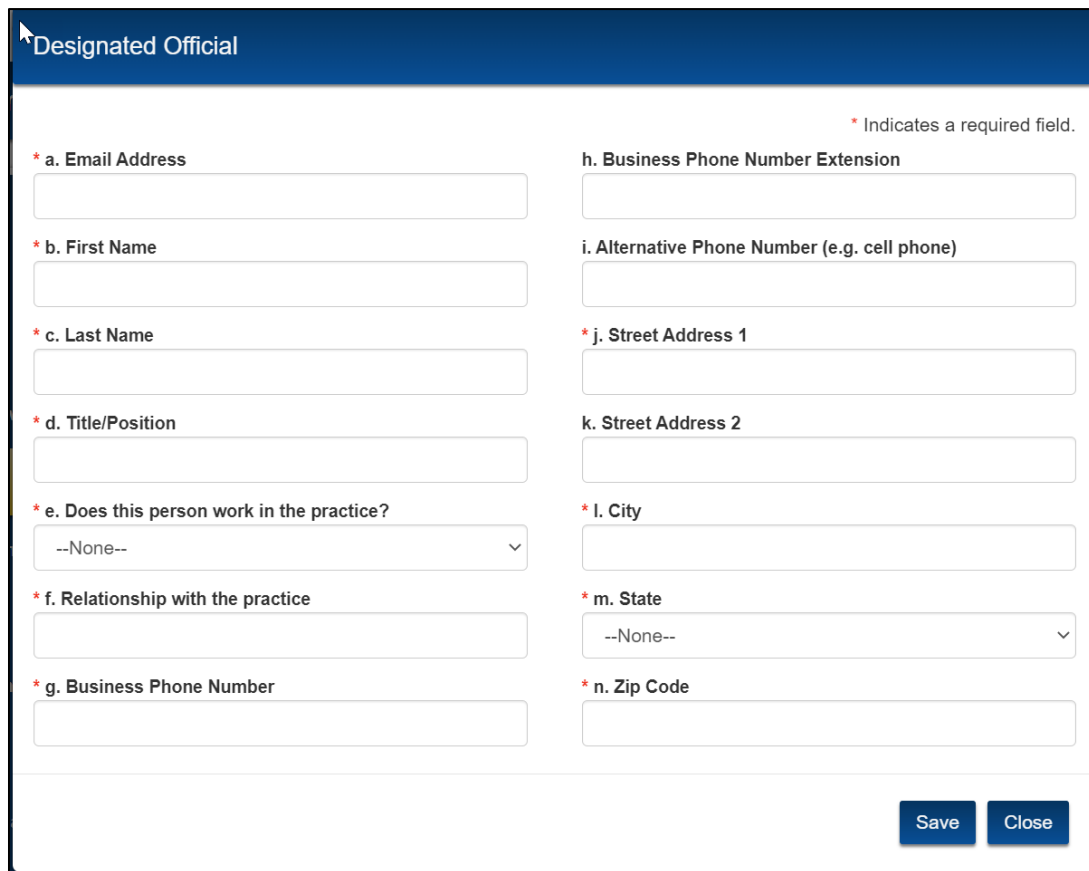
Figure 47: Practice Contact Window

7. Select the **Save** button to populate the information in the table.
8. The Practice Contact information displays in the Contacts table.
 - a. Select the **Practice Contact** link to edit the contact.
 - b. Select the **Clear** link to delete an existing contact.

Type	First Name	Last Name	Action
Applicant Contact	test	test	Clear
Practice Contact	test	test	Clear
Designated Official			

Figure 48: Practice Contact Edit/Clear link

9. Select **Designated Official** link. The **Designated Official** window displays.
10. Complete the fields as requested.



The image shows a web form titled "Designated Official". It contains 14 required fields (marked with an asterisk) arranged in two columns. The fields are: a. Email Address, b. First Name, c. Last Name, d. Title/Position, e. Does this person work in the practice? (dropdown), f. Relationship with the practice, g. Business Phone Number, h. Business Phone Number Extension, i. Alternative Phone Number (e.g. cell phone), j. Street Address 1, k. Street Address 2, l. City, m. State (dropdown), and n. Zip Code. There are "Save" and "Close" buttons at the bottom right. A legend indicates that an asterisk denotes a required field.

Figure 49: Designated Official Contact Window

11. Select **Save**. The information displays in the table.
12. The Designated Official information displays in the Contacts table.
 - a. Select the **Designated Official** link to edit the contact.
 - b. Select the **Clear** link to delete the existing contact.
13. Select **Continue**.

Please be sure to save your work before navigating away from each page as any unsaved work will be lost. Additionally, the application times-out after 30 minutes of inactivity.

Contacts * Indicates a required field.

This section asks for contact information for practice contacts needed for MDPCP. Please use the explanations provided to identify the most appropriate person for each contact field and enter their most current contact information.

* Applicant Contact: The applicant contact is the person who has filled out your MDPCP application and/or is very familiar with the different sections of the application and understands the answers your practice has provided. If this contact also works in your practice (and you indicate this when filling out their contact information), they will also receive your practice's acceptance/rejection letters.

Practice Contact (if applicable): If your applicant contact does not work in your practice, you will also need to fill out the "Practice Contact" field. This person must work in your practice. They will receive your practice's acceptance/rejection letters.

Designated Official: This person must have financial accountability for the practice or organization which would allow him or her to validate and/or change the banking information used to issue payments to the practice or organization.

Type	First Name	Last Name	Action
Applicant Contact	test	test	Clear
Practice Contact	test	test	Clear
Designated Official	test	test	Clear

[Continue](#)

Figure 50: Contacts Page

The Clinician and Staff Information page displays.

4.6 Clinician and Staff Information

The Clinician and Staff Information page gathers information about the clinicians in the practice.

- For Questions 1 and 2, enter a numerical value in each field. You can enter up to 3 digits only for each entry and the values for Question 2a through 2d cannot exceed the corresponding values for Question 1a through 1d.

Note: Your responses for Question 2 cannot be greater than your responses for Question 1. A warning message displays if this occurs.

Home

Preliminary Questions

General Questions

Practice Structure and Ownership

Contacts

Clinician and Staff Information

Practice Activities

Health Information Technology

Care Delivery

Care Transformation Organization

Letters of Support

Certify & Submit

Please be sure to save your work before navigating away from each page as any unsaved work will be lost. Additionally, the application times-out after 30 minutes of inactivity.

Clinician and Staff Information

* Indicates a required field.

This section asks questions about the clinicians in your practice. Unless otherwise indicated, please answer only for the primary care clinicians that will be participating in MDPCP.

* 1. What is the total number of Individual Physicians (MD or DO), Nurse Practitioners (NPs), Physician Assistants (PAs), and Clinical Nurse Specialists (CNSs) who provide patient care at your practice and practice under their own National Provider ID (NPI)? Please include all full-time and part-time clinician staff, regardless of their practice specialty.

* a. Fill in Number of Physicians

* b. Fill in Number of NPs

* c. Fill in Number of PAs

* d. Fill in Number of CNSs

* 2. For purposes of the MDPCP program, a primary care clinician is defined as a Physician (MD or DO), Nurse Practitioner (NP), Physician Assistant (PA), or Clinical Nurse Specialist (CNS) who has a primary specialty designation of Internal Medicine, General Practice, Geriatric Medicine, Family Medicine, Pediatric Medicine, Nurse Practitioner, OB/GYN, and Psychiatry. Of the total individual clinicians who provide patient care at your practice site, how many are primary care clinicians? Please include full-time and part-time staff.

* a. Fill in Number of Physicians

* b. Fill in Number of NPs

* c. Fill in Number of PAs

* d. Fill in Number of CNSs

Figure 51: Clinician and Staff Information Page

2. Select **OK** to proceed.

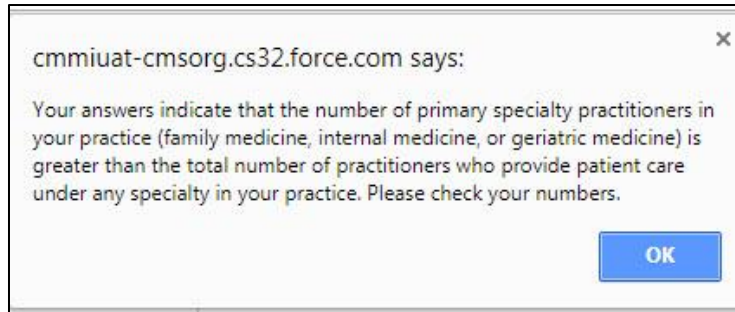


Figure 52: Warning Window

- For Question 3, select **Add Primary Care Clinician** to add clinician information. The Clinician Information window displays.

3. For each primary care clinician in your practice that would participate in the program, please provide the following information:

Note that clinicians may only be listed on one MDPCP practice's Practitioner Roster at a time. Please do not add clinicians that are either currently participating in the MDPCP through another practice, or are included in another application.

Add Primary Care Clinician

Clinician First Name	Clinician Last Name	National Practitioner ID (NPI)	Clinical Leader	Action
No Primary Care Clinicians to display.				

Showing 0 to 0 of 0 entries

Previous Next

Figure 53: Clinician Information Page

- If you select **Part-time** for Question h, a conditional question displays.

Clinician Information

a. Clinician Name

* Last Name * First Name Middle Initial

* b. National Practitioner ID (NPI)

* c. Maryland Board of Physicians License Number

* d. Clinician Type
--None--

* e. Specialty
--None--

* f. Is this Clinician board certified in this specialty?
--None--

g. If applicable, is the clinician current with maintenance of certification?
--None--

* h. This clinician works at the practice:
Part-time

* If part time, how many hours per week does this clinician work at the practice site?

☒ Clinical Leader

Save Cancel

Figure 54: Clinician Information Window

- If you select the **Clinical Leader** checkbox, a warning message displays asking you to upload a letter of support. Select **OK** on the warning message, then select **Save** in the Clinician Information window.

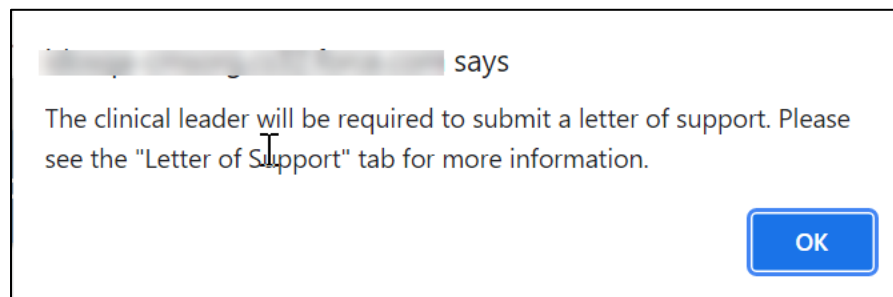


Figure 55: Clinical leader Warning message

- The clinician information you entered displays in the table.

- a. Select **Edit** to edit the information.
- b. Select **Delete** to delete the information. Delete is a hard delete. You will not be able to retrieve information after deleting it.

3. For each primary care clinician in your practice that would participate in the program, please provide the following information:

Note that clinicians may only be listed on one MDPCP practice's Practitioner Roster at a time. Please do not add clinicians that are either currently participating in the MDPCP through another practice, or are included in another application.

Add Primary Care Clinician

Clinician First Name	Clinician Last Name	National Practitioner ID (NPI)	Clinical Leader	Action
test	test	1111111111	<input checked="" type="checkbox"/>	Edit Delete

Showing 1 to 1 of 1 entries

Previous **1** Next

Save **Save & Continue** **Cancel**

Figure 56: Clinician and Staff Information Page

7. Select **Save & Continue**. The NPI Verification window displays.

NPI Verification

These are the NPIs listed in your application.

NPIs
1111111111

Please be sure that all NPI's have been entered correctly in the application. Also note that NPI's must be associated with an MDPCP-accepted specialty in the NPPES system.

Confirm NPIs are correct **No**

Figure 57: NPI Verification Window

8. Select **Confirm NPIs are correct** to proceed.
 - a. Select **No** to verify your NPIs before proceeding.

Note: An **NPI Verification** window will display regardless of entering any NPI information.

The Practice Activities page displays.

4.7 Practice Activities

The Practice Activities page gathers information about activities that occur at your practice.

1. For Question 1, select one or more options using the checkboxes.
 - a. If you select the second option, an additional field displays to make a selection.
 - b. If you select the third option, a text field displays to enter additional information within the 1,000-character limit.
2. For Question 2, select an option from the drop-down menu.

- a. If you select **Yes**, a text field displays to enter additional information within the 1,000-character limit.

Please be sure to save your work before navigating away from each page as any unsaved work will be lost. Additionally, the application times-out after 30 minutes of inactivity.

Practice Activities * Indicates a required field.

This section asks about the various activities that occur at your practice, including types of care provided, teaching and training, and certifications that your practice may have.

* 1. Which statement best characterizes your practice (select all that apply):

☒ The practice is a single-specialty primary care practice.

☒ The practice is a primary care practice with other integrated clinicians, or a multi-specialty practice.

* Do the clinicians in your practice share an EHR with other types of clinicians in the practice?

Yes

☒ The practice participates in other lines of business besides primary care, such as urgent care on weekends and/or physical exams for an insurance company.

* Please describe the other lines of business in which your practice participates:

Remaining characters: 1000 (total allowed characters: 1000)

* 2. Is your practice engaged in training future clinicians and staff?

Yes

* Please briefly describe the engagement (e.g., family medicine residency clinic, occasional rotating NP students).

Remaining characters: 1000 (total allowed characters: 1000)

Figure 58: Practice Activities Page – Question 1 & 2

3. For Question 3, select an option from the drop-down menu.
- If you select **Yes**, additional options display.
 - Select one or more options using the checkboxes.
 - If you select the fourth option, a drop-down menu displays to make a selection.
 - If you select the fifth option, two text fields display to enter additional information.

4. If you select **Other**, a text field displays to enter additional information.

* 3. Does your practice have a recognition as a "Medical Home"?

Yes ▼

3a. Please select all organizations through which your practice has achieved Medical Home recognition:

- ☐ National Committee for Quality Assurance (NCQA-PCMH)
- ☐ The Joint Commission (TJC), previously known as Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
- ☐ Accreditation Association for Ambulatory Healthcare (AAAHC-Triple A)
- ☒ Utilization Review Accreditation Commission (URAC)

* Specify recognition level received

--None-- ▼

- ☒ State-based Recognition Program

* Specify State and Program

* Specify recognition level received

- ☐ Insurance Plan-based Recognition Program
- ☒ Other

* Other, please specify.

Save Save & Continue Cancel

Figure 59: Practice Activities Page – Question 4

5. Select **Save & Continue**. The Health Information Technology page displays.

4.8 Health Information Technology

The Health Information Technology page gathers information about your practice's health information technology.

1. Select **New Health IT Vendor** to add vendor information.

Please be sure to save your work before navigating away from each page as any unsaved work will be lost. Additionally, the application times-out after 30 minutes of inactivity.

Health Information Technology

* Indicates a required field.

This section asks questions about the Health Information Technology (Health IT) capabilities of your practice.

1. Please provide the following information regarding the primary EHR system used by your practice site.

New Health IT Vendor

Vendor Name	Product Name	Version	Action
No Health IT Vendors to display.			

Showing 0 to 0 of 0 entries Previous Next

* 2. Please indicate your current level of interaction with CRISP.

☐ Do not participate but will sign a participation agreement and actively use CRISP beginning no later than Jan 1, 2023
☐ Participate with CRISP with limited use of CRISP services
☐ Participate with CRISP and use advanced primary care CRISP services like Encounter Notification Service (ENS) and Care Alerts

Figure 60: Health Information Technology Page

2. The **Health IT** window displays.
3. Complete the fields as requested.
4. Select **Save**.

Health IT

* Vendor Name

* Product Name

* Version

Figure 61: Add New Health IT Window

5. The Health IT Vendor information displays in the table.
 - a. Select **Edit** to edit the vendor information.
 - b. Select **Delete** to delete the entry. Delete is a hard delete. You will not be able to retrieve information after deleting it.

1. Please provide the following information regarding the primary EHR system used by your practice site.

[New Health IT Vendor](#)

Vendor Name	Product Name	Version	Action
test	test	1	Edit Delete

Showing 1 to 1 of 1 entries

Previous 1 Next

Figure 62: Vendor Table

6. For Question 2, select the appropriate option.

2. Please indicate your current level of interaction with CRISP.

☐ Do not participate but will sign a participation agreement and actively use CRISP beginning no later than Jan 1, 2023
☐ Participate with CRISP with limited use of CRISP services
☐ Participate with CRISP and use advanced primary care CRISP services like Encounter Notification Service (ENS) and Care Alerts

[Save](#)
[Save & Continue](#)
[Cancel](#)

Figure 63: Health Information Technology Page

7. Select **Save & Continue**. The Care Delivery page displays.

4.9 Care Delivery

The Care Delivery page gathers information about the practice site's delivery of primary care.

1. For Questions 1 through 6, select the appropriate answers.

Please be sure to save your work before navigating away from each page as any unsaved work will be lost. Additionally, the application times-out after 30 minutes of inactivity.

Care Delivery

* Indicates a required field.

The following questions gather information about your practice site's delivery of primary care. Your answers to these questions will also help determine whether your practice will be assigned to Track 1, Track 2 or Track 3 of MDPCP. Please answer the following questions based on the current activities at your practice site:

Care Management

* 1. Patients

- ☐ are not assigned to specific clinician panels.
- ☐ are assigned to specific clinician panels and panel assignments are not routinely used by the practice for administrative or other purposes.
- ☐ are assigned to specific clinician panels and panel assignments are routinely used by the practice mainly for scheduling purposes.
- ☐ are assigned to specific clinician panels and panel assignments are routinely used for scheduling purposes and are continuously monitored to balance supply and demand.

* 2. Non-physician practice team members

- ☐ play a limited role in providing clinical care.
- ☐ are primarily tasked with managing patient flow and triage.
- ☐ provide some clinical services such as assessment or self-management support.
- ☐ perform key clinical service roles that match their abilities and credentials.

* 3. The care managers used by our practice for managing the care for patients

- ☐ does not apply.
- ☐ are employed by another organization and located externally.
- ☐ are employed by another organization and located internally.
- ☐ are employed by our practice and located internally.

* 4. Care Plans

- ☐ are not developed or recorded.
- ☐ are developed and recorded but reflect clinicians' priorities only.
- ☐ are developed collaboratively with patients and families and include self-management and clinical goals.
- ☐ are developed collaboratively, include self-management and clinical management goals, are routinely recorded, and guide care at every subsequent point of service.

* 5. A standard method or tool(s) to stratify patients by risk level

- ☐ is not available.
- ☐ is available and not consistently used to stratify all patients.
- ☐ is available and is consistently used to stratify all patients and is inconsistently integrated into all aspects of care delivery.
- ☐ is available, consistently used to stratify all patients, and is integrated into all aspects of care delivery.

* 6. Follow-up by the practice with patients seen in the Emergency Department (ED) or hospital

- ☐ generally does not occur.
- ☐ occurs only if the ED or hospital alerts the primary care practice.
- ☐ occurs because the primary care practice makes proactive efforts to identify patients.
- ☐ is done routinely because the primary care practice has arrangements in place with the ED and hospital to both track these patients and ensure that follow-up is completed within a few days.

Figure 64: Care Delivery Page – Questions 1 through 6

2. For Questions 7 through 9, select an option from the drop-down menu.

- If you select **Yes** for Question 9, an additional drop-down menu displays requesting more information. You must complete this step to continue with the application.

* 7. Would you be able to implement a risk-stratification process?

--None--

* 8. Would you be able to implement collaborative care agreements with at least two groups of specialists?

--None--

* 9. Do you have the ability to integrate behavioral health into care based on one of the options below?

Option 1: Care Management for individuals with an identified behavioral health condition should be offered proactive, relationship-based care management (CM), with specific attention to care management of the behavioral health condition (e.g., Major Depressive Disorder/Dysthymia, Generalized Anxiety Disorder, and Panic Disorder). Practices that develop their capabilities to deliver behavioral health care management will:

- Select behavioral health condition(s) to prioritize and methods to identify patients to target for care management. Targeted patients should be higher severity or more complex (e.g., MDD and DM2 with poor glycemic control).
- Identify or develop stepped care, evidence-based, treatment algorithms for behavioral health condition(s) identified for care management, incorporating principles of shared decision making and self-management support.
- Develop a workflow for screening, enrollment in integrated care services, tracking, and communicating with patients.
- Identify a clinician or team member (e.g., RN or BH specialist) who will provide care management and ensure training to support a stepped care approach.

Option 2: Primary Care Behaviorist Program (PC Behaviorist)

The PC Behaviorist program integrates BH into the PC workflow through warm handoffs to a co-located BH professional to address behavioral health in the primary care setting and behavioral strategies for management of chronic general medical illnesses, and facilitate specialty care engagement for serious mental illness. Practices that develop their capabilities to deliver the primary care behaviorist program will:

- Select behavioral health condition(s) to prioritize and method to identify patients to target for referral to the primary care behaviorist. Targeted patients should be higher severity or more complex (e.g., MDD and DM2 with poor glycemic control).
- Identify a credentialed BH provider (e.g., psychologist, social worker) trained in the primary behaviorist program of co-located care.
- Identify space in the primary care practice for the BH provider; test and implement a method for engaging BH services.
- Develop a workflow to integrate referrals warm hand-offs to the BH specialist.

Yes

* Option Number

--None--

Figure 65: Care Delivery Page – Questions 7 through 9

3. For Questions 10 through 13, make selections from the drop-down menus.

10. Do you have the ability to characterize needs of sub-populations for high-risk patients, identify practice capability to meet those needs, and ensure needs are longitudinally met?

--None--

* 11. Would you be able to implement collaborative care agreements with at least two public health organizations based on patient's psychosocial needs, as appropriate?

--None--

* 12. Would you be able to convene a Patient-Family Advisory Council (PFAC) at least once per year and integrate recommendations into care, as appropriate?

--None--

* 13. Would you be able to implement self-management support for at least three high risk conditions?

--None--

Figure 66: Care Delivery Page – Care Management

4. For Questions 14 and 15, make selections from the available radio buttons and checkboxes, respectively.

5. For Question 16, make a selection from the drop-down menu.

* 14. Linking patients to supportive community-based resources

- ☒ is not done systematically.
- ☐ is limited to providing patients a list of identified community resources in an accessible format.
- ☐ is accomplished through a designated staff person or resource responsible for connecting patients with community resources.
- ☐ is accomplished through active coordination between the health system, community service agencies, and patients and accomplished by a designated staff person.

* 15. Indicate how you identify beneficiaries for episodic care management. This refers to short-term, goal-directed care management for beneficiaries who are not already in longitudinal care management as a result of their risk status. (Select all that apply)

- ☐ We do not identify beneficiaries for episodic care management
- ☐ Practitioner or care team referral
- ☐ Hospital admission or discharge
- ☐ ED visit
- ☐ Skilled Nursing Facility (SNF) admission or discharge
- ☐ New health condition (e.g., cancer diagnosis, accident, chronic condition)
- ☐ New clinical instability in a chronic condition, including change in medications
- ☐ Life event (e.g., death of spouse, financial loss)
- ☐ Initiation or stabilization on a high risk medication (e.g., anticoagulants)
- ☐ Other

* 16. Do you offer coordinated referral management for high-volume or high-cost specialists and health care organizations?

--None-- ▼

Figure 67: Care Delivery Page – Questions 14 through 16

6. For Question 17, select from the available radio buttons.
7. For Questions 18 and 19, select a value from the drop-down menu.
8. If you select **Yes** for Question 19, additional options display.
 - a. Select the appropriate answer option.
 - b. If you select **Other**, a text field displays for you to enter additional information.

9. For Questions 20 and 21, make selections from the available radio buttons.

Access

* 17. Patient after-hours access (24 hours, 7 days a week) to a physician, PA/NP, or nurse

- ☐ is not available or limited to an answering machine.
- ☐ is available from a coverage arrangement (e.g., answering service) that does not offer a standardized communication protocol back to the practice for urgent problems.
- ☐ is provided by a coverage arrangement (e.g., answering service) that shares necessary patient data with and provides a summary to the practice.
- ☐ is available via the patient's choice of email or phone directly with the practice team or a clinician who has real-time access to the patient's electronic medical record.

* 18. Does your practice regularly offer at least one alternative to traditional office visits to increase access to care team and clinicians in a way that best meets the needs of the population, such as telemedicine, phone visits, group visits, home visits, alternate location visits (e.g., senior centers and assisted living centers), and/or expanded hours in early mornings, evenings, and weekends?

--None--

* 19. Does the practice provide Tele-Health services? ?

Yes

* If yes, what type of services are provided via Tele-Health?

- ☐ Tele-diagnosis (i.e., the process whereby a disease diagnosis or prognosis is made by evaluating data transmitted between distant medical facilities)
- ☐ Tele-behavioral health (i.e., using technology to virtually provide mental health services from a distance)
- ☐ Tele-consultation (i.e., virtually connecting health care clinicians with other health care clinicians and/or patients)
- ☐ Remote Monitoring (i.e., electronic data capture and Internet-enabled review by health care clinicians, particularly used in the management of chronic diseases)
- ☒ Other

* Other, please specify:

Quality Improvement

* 20. Quality improvement activities

- ☐ are not organized or supported consistently.
- ☐ are conducted on an ad hoc basis in reaction to specific problems.
- ☐ are based on a proven improvement strategy in reaction to specific problems.
- ☐ are based on a proven improvement strategy and used continuously in meeting organizational goals.

* 21. Staff, resources, and time for quality improvement activities

- ☐ are not readily available in the practice.
- ☐ are occasionally available but are limited in scope (due to some deficiencies in staff, resources, or time).
- ☐ are generally available and usually at the level needed.
- ☐ are all fully available in the practice.

Figure 68: Care Delivery Page – Question 17 through 21

10. Select **Save & Continue**.

11. The Care Transformation Organization page displays.

4.10 Care Transformation Organization

If your practice intends to partner with a CTO, complete this page to allow the portal to gather information about your preferred primary and secondary CTO options from the provided list. For a CTO Comparison Tool, select the **CTO Comparison Tool** weblink. You will be navigated to <https://health.maryland.gov/mdpcp/Pages/CTO-Comparison-Tool.aspx>.

1. Enter the **Primary CTO** and/or **Secondary CTO** by selecting the drop-down menu. The secondary CTO is a backup if the Primary CTO is unavailable.
 - a) When you select **Other (specify)** from the drop-down list, a text field displays where you can enter additional information about the CTO. It is a required field.
 - b) You cannot select same CTO for both Primary CTO and Secondary CTO.
 - c) The Program Management Office will follow up with your organization after submission to finalize the CTO pairing.

Figure 69: Care Transformation Organization Page

2. Select **Save & Continue**. The Letters of Support page displays.

4.11 Letters of Support

Two letters of support are required to submit an application:

1. Clinical Leadership
2. Chesapeake Regional Information System for our Patients (CRISP) connectivity Tier level

To upload a letter of support:

1. Select **Upload Letter of Support** to upload a document. The Upload Documents window displays.

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Letters of Support
Certify & Submit

Please be sure to save your work before navigating away from each page as any unsaved work will be lost. Additionally, the application times-out after 30 minutes of inactivity.

Letters of Support

* Indicates a required field.

Practices will need to submit several letters of support with their application:

* 1. Letter of support from clinical leadership:

Skilled leaders with high levels of emotional engagement and intellectual commitment are essential for successful cultural changes that drive improvements toward better care, smarter spending, and healthier people. In addition to answering all questions in the application and providing any required supporting documentation, all practices applying to participate in the MDPCP must attach a letter of support from at least one provider or clinical leader in the practice.

This letter shall describe how the provider intends to engage with the care team(s) to provide ongoing leadership in support of MDPCP. The letter shall also define the planned time commitment and briefly describe ongoing strategies to share and address results, challenges, progress, and successes with practice staff and the patient community. This letter shall be no more than one page.

Upload Letter of Support

File Name	Upload Date	Time
No Files to display.		

2. Letter of support from parent or owner organization:

If your practice is owned by a person, entity, or organization OTHER than a clinical or other leader that works in the practice site, your practice must attach a letter of support from the parent/owner committing to segregate funds that are paid in conjunction with MDPCP, and assuring that all funds flowing through this initiative will be used for infrastructure and/or salaries in the participating practice. The letter of support must also demonstrate a commitment to compensate the clinicians and staff in practices participating in Track 2 of MDPCP in a manner that rewards quality of care, not just patient visit volume, and is consistent with the Comprehensive Primary Care Payment.

Upload Letter of Support

File Name	Upload Date	Time
No Files to display.		

* 3. Letter confirming CRISP connectivity:

To be eligible to participate in the MDPCP, a practice must submit a letter executed by both the practice and a health information exchange (HIE) representative certifying the applicant's current level of connectivity to that HIE and its commitment to optimizing its use of HIE services for advanced primary care to support its success in the program. This will increase and enhance the comprehensiveness of patient data available to the health care providers who treat that patient.

Upload Letter of Support

File Name	Upload Date	Time
No Files to display.		

Continue

Figure 70: Letters of Support Page

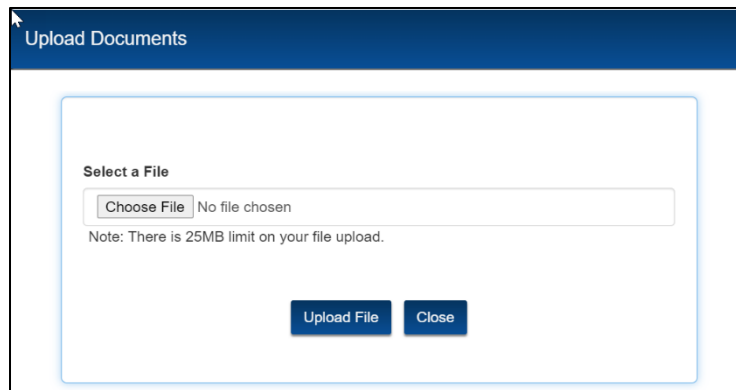


Figure 71: Upload Documents Window

2. Select **Choose File** to navigate to the file in your directory.

Note: You can only upload PDF and MS Word files.

3. Select **Upload File**. A confirmation message displays.

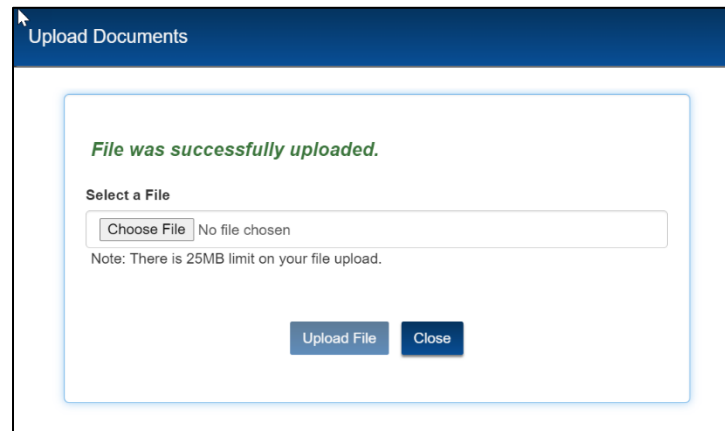


Figure 72: Upload Documents Window

4. Select **Close** to exit the window. The uploaded document displays in the table.
 - a. Select **Delete** to delete the document.

Please be sure to save your work before navigating away from each page as any unsaved work will be lost. Additionally, the application times-out after 30 minutes of inactivity.

Letters of Support

* Indicates a required field.

Practices will need to submit several letters of support with their application:

* 1. Letter of support from clinical leadership:

Skilled leaders with high levels of emotional engagement and intellectual commitment are essential for successful cultural changes that drive improvements toward better care, smarter spending, and healthier people. In addition to answering all questions in the application and providing any required supporting documentation, all practices applying to participate in the MDPCP must attach a letter of support from at least one provider or clinical leader in the practice.

This letter shall describe how the provider intends to engage with the care team(s) to provide ongoing leadership in support of MDPCP. The letter shall also define the planned time commitment and briefly describe ongoing strategies to share and address results, challenges, progress, and successes with practice staff and the patient community. This letter shall be no more than one page.

File Name	Upload Date	Time	
Test	01/13/2022	04:56 PM	Delete

Figure 73: Letter of Support Page

- Repeat steps 1 through 4 for the second and third letters of support.
- Once you upload all three letters, select **Continue**.

Please be sure to save your work before navigating away from each page as any unsaved work will be lost. Additionally, the application times-out after 30 minutes of inactivity.

Letters of Support

* Indicates a required field.

Practices will need to submit several letters of support with their application:

* 1. Letter of support from clinical leadership:

Skilled leaders with high levels of emotional engagement and intellectual commitment are essential for successful cultural changes that drive improvements toward better care, smarter spending, and healthier people. In addition to answering all questions in the application and providing any required supporting documentation, all practices applying to participate in the MDPCP must attach a letter of support from at least one provider or clinical leader in the practice.

This letter shall describe how the provider intends to engage with the care team(s) to provide ongoing leadership in support of MDPCP. The letter shall also define the planned time commitment and briefly describe ongoing strategies to share and address results, challenges, progress, and successes with practice staff and the patient community. This letter shall be no more than one page.

File Name	Upload Date	Time	
Test	01/13/2022	04:56 PM	Delete

2. Letter of support from parent of owner organization:

If your practice is owned by a person, entity, or organization OTHER than a clinical or other leader that works in the practice site, your practice must attach a letter of support from the parent/owner committing to segregate funds that are paid in conjunction with MDPCP, and assuring that all funds flowing through this initiative will be used for infrastructure and/or salaries in the participating practice. The letter of support must also demonstrate a commitment to compensate the clinicians and staff in practices participating in Track 2 of MDPCP in a manner that rewards quality of care, not just patient visit volume, and is consistent with the Comprehensive Primary Care Payment.

Upload Letter of Support

File Name	Upload Date	Time
No Files to display.		

* 3. Letter confirming CRISP connectivity:

To be eligible to participate in the MDPCP, a practice must submit a letter executed by both the practice and a health information exchange (HIE) representative certifying the applicant's current level of connectivity to that HIE and its commitment to optimizing its use of HIE services for advanced primary care to support its success in the program. This will increase and enhance the comprehensiveness of patient data available to the health care providers who treat that patient.

Upload Letter of Support

File Name	Upload Date	Time
No Files to display.		

Continue

Figure 74: Upload Letters Of Support

The Certify & Submit page displays.

4.12 Certify & Submit

The Certify & Submit page allows you to preview and submit your application.

1. Select **Preview Your Application** to preview the application.

Please be sure to save your work before navigating away from each page as any unsaved work will be lost. Additionally, the application times-out after 30 minutes of inactivity.

Certify & Submit * Indicates a required field.

Application Checklist

Below is a checklist detailing the documents that your practice is required to submit for consideration in MDPCP. Not all documents are required from all applicants. Some documents are specific to the Track for which an applicant is applying, and some are required only from practices with specific ownership organization. It is the responsibility of the applicant to ensure that you include all documents that are required for your specific circumstances. All documents must be signed, scanned, and uploaded to the application portal. Please retain the original, signed letters. If you have any questions about what your practice is required to submit, please contact CMS at MarylandModel@cms.hhs.gov.

- ☐ Completed Application
- ☐ Letter of support from your practice's clinical leader
- ☐ Letter of support from parent or owner of organization (if applicable)
- ☐ Letter executed by both the practice and CRISP certifying the applicant's connectivity to CRISP and/or the commitment to achieving connectivity and use of CRISP services.
- ☐ I have read the contents of this application and I certify that I am legally authorized to bind the practice. Upon submission of this application I certify to the best of my knowledge that all of the submitted information is true, accurate, and complete. If I become aware that any submitted information is not true, accurate, and complete, I will correct such information promptly. I understand that the knowing omission, misrepresentation, or falsification of any submitted information may be punished by criminal, civil, or administrative penalties, including fines, civil damages, and/or imprisonment.

Figure 75: Certify & Submit Page

2. Select **Submit** to submit the application.

Note: The Submit button will display as disabled (in light blue) until you select the attestation checkbox. Then you will be able to select the button.

3. The Application Submission window displays. Select **Submit**.

Application Submission

Are you sure you would like to submit the application? No changes can be made upon successful submission.

Figure 76: Application Submission Window

4. A list of validation errors displays if you omit any required answers. Select each error to correct it.

- Tab: Letters of Support - "Letter of support from clinical leadership" is required.
- Tab: Letters of Support - "Letter confirming CRISP connectivity" is required.

[Home](#)
[Preliminary Questions](#)

Please be sure to save your work before navigating away from each page as any unsaved work will be lost. Additionally, the application times-out after 30 minutes of inactivity.

Certify & Submit

Application Checklist

* Indicates a required field.

Figure 77: Validation Errors

5. Select **Submit** again once you correct all errors. The application status is updated to Submitted on the Home page.

Welcome to the Maryland Primary Care Program Practice Application!

The Maryland Primary Care Program (MDPCP) is accepting applications from individual primary care practice sites geographically located in the State. For purposes of the MDPCP, a practice is either a Federally Qualified Healthcare Center (FQHC) or a group of one or more physicians, non-physician practitioners, or combination thereof that bills certain primary care services under a single Medicare-enrolled TIN at a single practice site location. A practice owned by an individual(s) other than the practitioners who practice at the practice, or by a separate entity or healthcare organization must complete its own application, but the owner of the practice must sign the MDPCP Practice Participation Agreement with CMS.

Practices interested in applying to MDPCP should review the [Request for Application \(RFA\)](#) to learn about the design and specific requirements of the program, and to determine which program track best suits the applying practice. To be eligible to participate in the MDPCP, a practice must submit a letter executed by both the practice and a CRISP representative certifying the applicant's connectivity to CRISP and/or the commitment to achieving connectivity and use of CRISP services by the beginning of the MDPCP performance year.

Track 1 of MDPCP targets practices poised to deliver the five primary care functions, detailed in Care Delivery Design Section of the MDPCP RFA. Track 2 of MDPCP targets practices proficient in comprehensive primary care that are prepared to increase the depth, breadth, and scope of health care delivered to their patients, particularly those with complex needs. In addition, Track 2 practices must also be able to receive partial capitation payments, and they are required to use advanced primary care CRISP services like Encounter Notification Service (ENS) and Care Alerts. Track 3 practices must be able to deliver Track 1 and 2 services, while taking on more practice-level accountability for attributed MDPCP beneficiaries' costs and quality of care, and shifting further away from the FFS payment structure by introducing a flat visit fee (FVF) for select primary care services paid at the time of service and a population based payment (PBP) that is paid prospectively on a quarterly basis.

Practices applying to MDPCP must answer all application questions. CMS will consider the applicant practice's Track preference but will assign practices to Track 1, 2 or 3 based on responses to this application. Please refer to the RFA for information about the track transition requirements timeline, as well as requirements and payment details specific to each track. CMS reserves the right to seek additional information from MDPCP applicants after the application period closes.

Questions about the MDPCP Application should be directed to MarylandModel@cms.hhs.gov. CMS may publicly share questions or responses, compile them into a Frequently Asked Questions compendium to ensure that all interested practices and Care Transformation Organizations (CTOs) have access to information regarding MDPCP.

CMS will safeguard the information provided in accordance with the Privacy Act of 1974, as amended (5 U.S.C. § 552a). For more information, please see the CMS Privacy Policy at https://www.cms.gov/AboutWebsite/02_Privacy-Policy.asp.

Helpful Links

[Glossary](#)

[CTO Comparison Tool](#)

[User Manual](#)

Last Login: 01/20/2022 10:07 AM ET

Start New MDPCP Application

Application Summary	Application Year	Application Status
MDPCP-1091	2023	Submitted
MDPCP-1090	2023	In Progress

Figure 78: Home Page with Submitted Application

4.13 In Progress Application

Once you start an application, it displays in the table on the Home page.

Helpful Links
[Glossary](#)
[CTO Comparison Tool](#)
[User Manual](#)
 Last Login: 01/20/2022 10:07 AM ET

[Start New MDPCP Application](#)

Application Summary	Application Year	Application Status	
MDPCP-1091	2023	Submitted	▼▲
MDPCP-1090	2023	In Progress	▼▲

Figure 79: Application In Progress

1. Select the arrow to display links to the application pages.
2. Select the **Application PDF** link to view a PDF version of the application.
3. Select any of the application page links to edit an application.
4. Select the **Delete Application** link to delete an existing application. You can only delete **In Progress** applications.



Application Summary	Application Year	Application Status	
MDPCP-1091	2023	Submitted	
Application PDF			
	Preliminary Questions		
	General Questions		
	Practice Structure and Ownership		
	Contacts		
	Clinician and Staff Information		
	Practice Activities		
	Health Information Technology		
	Care Delivery		
	Care Transformation Organization		
	Letters of Support		
	Certify & Submit		
MDPCP-1090	2023	In Progress	
Application PDF		Delete Application	
	Preliminary Questions		
	General Questions		
	Practice Structure and Ownership		
	Contacts		
	Clinician and Staff Information		
	Practice Activities		
	Health Information Technology		
	Care Delivery		
	Care Transformation Organization		
	Letters of Support		
	Certify & Submit		

Figure 80: Application Page Links

5 Helpful Tips

Table 6 displays some shortcuts to help you navigate the portal website.

Table 6: Shortcut Keys

Shortcut Key	Function
Ctrl +	Zooms into your browser window and enlarges the image.
Ctrl -	Zooms out of your browser window and reduces the image.
Right-click your mouse	Additional actions display in a drop-down menu.

6 Troubleshooting & Support

Please see Section 2.2.5 Technical Issues.

6.1 Error Messages

Please see Section 4 Using the System.

6.2 Special Considerations

Not applicable.

6.3 Support

Please see Section 2.2.5 Technical Issues.

Appendix A: Record of Changes

Table 7: Record of Changes

Version Number	Date	Author/Owner	Description of Change
0.1	04/01/2019	James Patterson	Initial Version
0.2	04/09/2019	Sujatha Errapothu	Provided feedback.
0.3	04/11/2019	James Patterson	Addressed all feedback.
0.4	04/11/2019	Sujatha Errapothu	Provided feedback.
0.5	04/15/2019	James Patterson	Updated screenshots
0.6	04/15/2019	Sujatha Errapothu	Provided feedback.
0.7	04/18/2019	Jennie Cairney	QA Review
0.8	04/22/2019	Sujatha Errapothu	Accepted all QA review feedbacks.
1.0	04/22/2019	Jennie Cairney	QA Final
1.1	05/03/2020	Aneesh Joshi	ER-3 Updates
1.2	05/05/2020	Sujatha Errapothu	Peer Reviewed
1.3	05/07/2020	Theresa McWhorter	Peer Reviewed
2.0	05/14/2020	Sam Peterson	QA review, final
2.1	08/12/2020	Kenechukwu Okeke	Updated SSO procedures in Section 3 also with screen shots
2.2	9/18/2020	Debi Hensley	Peer Reviewed Section 3
2.3	02/01/2022	Bhumika Gohil	Updated as per SF-CR-1372 changes
2.4	02/03/2022	Sudheer Badlamudi	Peer review
2.5	02/04/2022	Lindsey Halsell	QA review, initial
3.0	02/07/2022	Lindsey Halsell	QA review, final
3.1	02/25/2022	Bhumika Gohil	Addressed Model team Comments with textual updates
3.2	02/28/2022	Lindsey Halsell	QA review, initial
4.0	03/02/2022	Lindsey Halsell	QA review, final

Appendix B: Acronyms

Table 8: Acronyms

Acronym	Definition
ACO	Accountable Care Organization
AIM	ACO Investment Model
CIN	Clinically Integrated Network
CMMI	Center for Medicare & Medicaid Innovation
CMS	Centers for Medicare & Medicaid Services
CRISP	Chesapeake Regional Information System for our Patients
CTO	Care Transformation Organization
EIN	Employer Identification Number
FAQ	Frequently Asked Question
HHS	Department of Health and Human Services
IE	Internet Explorer
MDPCP	Maryland Primary Care Program
RFA	Request for Application
SSN	Social Security Number
TIN	Tax Identification Number
XLC	CMS Expedited Life Cycle

Appendix C: Glossary

This section is not applicable.

Appendix D: Referenced Documents

This section is not applicable.

Appendix E: Approvals

The undersigned acknowledge that they have reviewed the User Manual and agree with the information presented within this document. Changes to this User Manual will be coordinated with, and approved by, the undersigned, or their designated representatives.

Table 9: Approvals

Document Approved By	Date Approved
Name: <Name>, <Job Title> - <Company>	Date
Name: <Name>, <Job Title> - <Company>	Date
Name: <Name>, <Job Title> - <Company>	Date
Name: <Name>, <Job Title> - <Company>	Date